**2023 FELLOWSHIP INTERNSHIP**

**APPROVAL FORM**

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| **Fellow Information** |
| **Name:**  | **University:**  |
| **Award Year:** | **Phone:** | **Email:** |
| **Advisor/Title:** |

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| **Internship Details** |
| **Company:**  | **Location:**  |
| **Name/Title of Internship Supervisor:** |
| **Supervisor Phone:** |  |  |
| **Supervisor Email:** | **Start Date:** | **Duration:** |
| **\*\*A description of the work to be conducted during this internship, as well as my primary responsibilities/duties, is attached.** |

**Internship is:** Full-Time Part-Time

I certify that this internship is directly related to the conduct of the Integrated University Program.

I am relocating for this internship and qualify for the $7,000 travel/housing allowance.

**Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name Signature Date

**Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name Signature Date

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| ***For Office Use Only*** |
| **IO Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Description of the work to be conducted during this internship, as well as primary responsibilities/duties:**