

REQUEST FOR GRADUATE INTERNSHIP

Instructions: Students must complete this form and obtain all signatures. Please submit the form and required documentation to advisingforms@mse.ufl.edu.

Name: _____ UFID: _____
 Major (MSE or NE): _____ Academic Program (MS Non-Thesis, MS Thesis, or PhD): _____
 E-mail address: _____
 Company name of your employer: _____
 Name and Phone Number of Supervisor: _____
 Employment address: _____
 Work period: From _____ To _____ Term & year: _____
 Salary \$: _____ Per: _____
 Seeking registration in EGN 5949 (Yes or No): _____ If yes, how many credits (1,2, or 3): _____

Required Documentation:

Attach a copy of your offer letter that states the general nature of your work and mentions any specific duties or responsibilities the company will assign to you. If your offer letter does not contain your job duties, you will also need to contact your supervisor and obtain an outline of the work to be performed during the internship period. If this information is not provided, your request will not be approved.

Faculty Advisor (For Master's Thesis or PhD Students Only)

Students who are who have a thesis or dissertation faculty advisor must receive their approval before going on internship.

Does the above named student have permission to complete this internship?
Check One: Yes No

Does the above named student have permission to register for EGN 5949 under your supervision?
Check One: Yes No Will not Register

Faculty Advisor Approval

Name: _____ Signature: _____ Date: _____

HR/Payroll Office (For Students on Appointment Only)

Students on appointment (TA, RA, GA) need to verify with our MSE HR/Payroll Office that their internship start and end dates do NOT conflict with their appointment start and end dates.

Are you currently on appointment? **Check One: Yes No**
 Will you be on appointment the semester that you return from your internship? **Check One: Yes No**

If you answered yes to either one of these questions, you must receive approval from HR/Payroll before your internship will be approved.

HR/Payroll Approval

Name: _____ Signature: _____ Date: _____

MSE or NE Graduate Coordinator Approval (Required for all Graduate Students)

Name: _____ Signature: _____ Date: _____