

UNIVERSITY OF ROCHESTER
ARTS, SCIENCES AND ENGINEERING
APPROVAL OF GRADUATE PRACTICAL RESEARCH INTERNSHIP

DESCRIPTION:

- The internship must be an integral part of your complete Program of Study and be included on an approved Program of Study as part of the credit hours required for your degree. If your Program is approved and on file (in GSO), this form should be accompanied by a revised Program of Study to add the credit to your Program.
- The course carries one (1) credit hour.
- Time status will be Full Time *In Absentia* for full-time internships.
- Dates of the internship must coincide with the graduate academic calendar.
- **NOTE:** Restrictions on the number of credits that you may earn through reading, research, and independent study is documented in the current Graduate Bulletin.
- Two week prior notice of internship is required to process paperwork.

Name _____ Degree/Program _____

URID _____ **Expected** degree completion date: _____

494/594 RESEARCH INTERNSHIP IN _____

Full-Time: _____ Part-Time: _____

Academic Term: Fall/Spring/Summer *Start Date: _____ *End Date: _____

Internship Site and address: _____

Internship Supervisor: _____

INTERNSHIP DESCRIPTION: Describe the specific area of research and the anticipated tasks (arranged individually by the student in cooperation with their research supervisor/advisor and their internship supervisor). Departmental and Graduate Studies Office approval is required for all research internships. International students with F1 and J1 Visas must also have approval from ISO.

BASIS FOR ASSIGNMENT OF FINAL GRADE:

NOTICE TO RESEARCH SUPERVISOR/ADVISOR: Your signature is required to indicate your willingness to supervise and grade the work of the student as outlined above and to confirm your endorsement of its importance to the student's program of study. Instructors normally must have full-time faculty appointments at the University. Part-time instructors must complete all necessary arrangements with the department chair before agreeing to participate in such a course.

Signature of research supervisor/advisor _____ Date _____

NOTICE TO DGS/CHAIR: Your signature confirms approval of the proposed work, both in terms of quality and relevance to the student's program and consistency with departmental policies.

Signature of DGS/Chair _____ Date _____

GSO Approval _____ Date _____

DISTRIBUTION: Student File/Term registration form _____ Department _____ ISO _____ 9/16