



UCI Samueli School of Engineering

Graduate and Professional Studies

5400 Engineering Hall

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INTERNSHIP AUTHORIZATION FORM

This form must be completed by the student's Ph.D. advisor and turned in to Graduate and Professional Studies during the quarter before the internship is requested.

Name: _____

Program: _____

Student ID #: _____

Email Address: _____

Faculty Advisor Name: _____

For which quarter is this internship requested:

Quarter:

Academic Year:

Please provide an explanation of how this internship will help with the student's educational/research plan.

**If internship is during Fall/Winter/Spring*

Please explain why this internship will be beneficial during the academic year.

Additional comments regarding the student's overall progress:

Final Advisor recommendation for the student to be in an internship:

Support

Does Not Support

Verified by (please sign):

Faculty Advisor

Date