

Neuroscience and Cognitive Science Program

Request to Participate in an Internship

This form should be completed and signed by the student's committee members and then emailed to the NACS office at least two months before the start date of the internship. Email confirmation of committee member endorsement may be appended in lieu of signature if necessary.

Student Name (printed)

Student's signature

Student UID

Student Email Address

Internship Information:

Location of internship (place, city, state):

Summer (year) of internship:

Number of hours/week for the internship:

Paid or unpaid internship:

If the internship is paid and you currently have summer funding from your advisor or home department for the internship summer, explain how your current summer funding will be affected:

Reason you want to participate in the internship:

Explain why the internship will not impede your progress in your advisor's lab:

If there is anything else that might be relevant about the experience, please tell us:

If you have questions that might arise that we or the advisor or committee should confer on, please provide them:

Advisor's signature

Date

Committee member's signature

Date

Committee member's signature

Date

Committee member's signature

Date

Graduate Director's signature

Date

☐

Approve

☐

Disapprove