



Internship Approval Form

Please check yes to acknowledge your requirement of a short survey post-internship:

Student Name _____ HUID _____

PhD Program _____ G Year _____

Date of Next DAC Meeting _____ Anticipated Graduation Date _____

Please include the following documents when submitting this application form:

- An invitation letter from the sponsoring organization with description, dates, and compensation package.
- **International students only:** Attach Curricular Practical Training (CPT) form

Dates of Internship: _____ Internship Salary: _____

Organization: _____

Organization Address: _____

Internship Supervisor: _____ Supervisor Email: _____

Job Sector: Career Type: Job Function:

Describe type of work, objectives of internship, and your academic plan upon return to graduate school.
*For part-time internships, please note if lab time is affected/what days of the week you are working:

Student Signature _____ Date _____

Advisor Signature _____ Date _____

DAC Chair Signature _____ Date _____

Program Head Signature _____ Date _____

Submit form 2 months prior to internship to Kelly Nicolas (Kelly_Nicolas@hms.harvard.edu), Division of Medical Sciences - Student Affairs Office - TMEC 435 - 260 Longwood Ave, Boston, MA 02115

**DMS does not guarantee approval of part-time interships due to complexities, please accurately describe your plan*