

Graduate Internship

Submit to Graduate School N204



THE GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF
MEDICINE

STUDENT NAME:	BCM ID:
GRADUATE PROGRAM:	Also MD/PhD? <input type="checkbox"/> Yes <input type="checkbox"/> No

◇ Internship Start Date: _____	Academic Term: _____	Academic Year: _____
◇ Internship End Date: _____	Academic Term: _____	Academic Year: _____

Internship Company Name: _____

Internship Supervisor Name: _____ Title: _____

Address: _____

Telephone Number _____ Email Address: _____

CERTIFICATION OF ELIGIBILITY (to be completed by the Graduate School **PRIOR TO** start of internship)

To be eligible to participate in an internship, you must have been admitted to candidacy and must be in good academic standing.

Admission to Candidacy Date: _____ Current Academic Standing: _____

Graduate School Authorized Signature: _____ Date: _____

FINANCIAL SUPPORT COMMITMENT FROM INTERNSHIP SPONSOR

As the Internship Supervisor, I understand that I am fully responsible for this student's STIPEND (at the current BCM rate) and HEALTH INSURANCE during the duration of the internship ◇.

Internship Supervisor: _____
Signature *Date*

STATEMENT OF UNDERSTANDING

We understand that during the internship (dates indicated above ◇) requirements expected of all BCM students will apply (i.e., semi-annual status reports, registration, grades, symposium abstracts, etc.)

Student: _____
Signature *Date*

Major Advisor: _____
Signature *Date*

Graduate Program Director: _____
Signature *Date*

(over)



STUDENT NAME: _____

APPROVAL OF ADVISORY COMMITTEE MEMBERS		Signature denotes approval of participation of student in the internship as detailed above.	
_____	_____	_____	_____
<i>Signature</i>	<i>Date</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____	_____
<i>Signature</i>	<i>Date</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____	_____
<i>Signature</i>	<i>Date</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____	_____
<i>Signature</i>	<i>Date</i>	<i>Signature</i>	<i>Date</i>

INTERNATIONAL SERVICES (Foreign Students Only)	Visa status during the internship has been discussed with and approved by ISO.
ISO Representative: _____	_____
	<i>Signature</i> <i>Date</i>

DEPARTMENTAL BUDGET & GRADUATE PROGRAM APPROVALS	Responsible for completion of PAF (if necessary) and other applicable departmental reimbursements.
Graduate Program Administrator: _____	_____
	<i>Signature</i> <i>Date</i>
Departmental Budget Administrator: _____	_____
	<i>Signature</i> <i>Date</i>

GRADUATE SCHOOL APPROVAL
Dean of the Graduate School: _____
<i>Signature</i> <i>Date</i>