



UCI Samueli School of Engineering

Graduate and Professional Studies

204 Rockwell Engineering Center

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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 the internship requested?

Fall

Winter

Spring

Summer

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