

Internship Request Form

Student Last Name	Student First Name	Student UFID Number
Academic Advisor Name		

Current Degree:

MS

Ph.D.

Name of Organization:

Location:

Duration of the Internship (please indicate the term):

Please give a description of the internship and/or duties:

Terms and conditions:

If a leave of absence is required, the leave will be unpaid, and your tuition waiver will be inactive for that term. Upon approval you will need to sign a leave of absence form/letter, which will be sent after you fill out this request.

Student Signature

Date