

Professional Development Program Graduate Student Internship (GRAD 702/703) Student Application and Approval Form

	Date:
Applicant Information	
Last Name:	First Name:
Local Home Mailing Address:	
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Phone Number (during term of internship):	
Current Source(s) of funding:	
Indicate if your health insurance is provided by	WFU Student Health Insurance: Yes No
U.S.A. Citizen or Permanent Resident	International Student
Department/Program:	
Applicant signature:	Date:
Faculty Advisor (print name):	
Faculty Advisor (signature):	Date:
Internship Host Organization Information	
Organization/Company Name:	
Address:	
-	
Name of Internship supervisor:	
Supervisor's Phone Number:	Supervisor's email:
Supervisor's Signature:	Date:

Internship Information Position/Title: Type of Internship: Full-time Employment No. work hours per week ______ Part-time Employment No. work hours per week Salary rate: Dates of Internship: Starting ______ Mo / Day / Yr Submit with this application: 1. Current graduate school transcript. 2. Curriculum Vitae 3. Offer letter from employer if available. 4. INTERNATIONAL STUDENTS – please attach a copy of your updated I-20 from the DSO with the Curricular Practical Training (CPT) approval. Reynolda campus students – please use the Center for Global Programs and Studies Office; Biomedical Science students – please see Beth Whitsett (bwhitset@wakehealth.edu) in the Graduate School Office. Completed forms must be submitted at least 45 days prior to the planned start date of the internship. Only completed applications will be evaluated by the Dean of the WFU Graduate School for final approval. Approved, Dean of the Graduate School Date Return to: WFU Graduate School of Arts and Sciences 525 Vine Street, Suite 150 Winston-Salem, NC 27101 Phone: 336-716-4925 Fax: 336-716-0185

mailto:dewolfe@wakehealth.edu