

PhD Internship Application SGS Course 9000S

Check semester and fill in year: Fall Spring Year _____

Name _____ Graduate Program _____

Year Started Graduate School _____ Date Completed Propositional Qualifying Exam _____

RUID/A # _____ Net ID _____

E-mail _____

Phone Number _____

Name of Internship Supervisor _____

Title _____

Supervisor's Email _____ Supervisor's Phone Number _____

Name of Company _____

Address _____ City _____

State _____ Zip Code _____

Dates of Internship _____

Times/Hours of Internship _____

(Note: For three credits, student must complete a minimum of 130 hours over the course of the semester). You will be required to fill out a final report including examples of work performed and a current resume. Your supervisor will also be filling out an evaluation of your performance. Additionally, you will complete an evaluation of the employer.

Please provide a brief description of what your internship responsibilities will entail and what is the overall goal of the project that you are participating in.

Signature of Student _____ Date _____

Signature of Thesis Advisor _____ Date _____

Signature of Internship Supervisor _____ Date _____

Signature of Graduate Program Director _____ Date _____

Signature of Course Director/Dean SGS _____ Date _____

*Please submit form to Tina Cicolella in the SGS office cicoletm@rutgers.edu
675 Hoes Lane West, Research Tower Room 102, Piscataway NJ 08854*