



**Pharmaceutical Sciences
INTERNSHIP PROGRAM
REQUEST FOR SUPERVISOR APPROVAL**

Date: _____

Student Name: _____

Supervisor Name: _____

Student Number: _____

Co-Supervisor Name: _____

Position Applying For: _____

Start Date: _____

End Date: _____

The Program:

The Internship Program for Graduate Students has been established to allow selected graduate students to work at a pharmaceutical or a biotechnology company or in a government/policy setting for up to 12 months, normally in the final year of graduate study. The goal is to provide students with an opportunity to gain valuable professional experience in a real world setting and to apply their graduate research training to solve practical problems. It is envisioned that host companies/agencies can also benefit from access to a specialized pool of talented graduates as potential future employees.

Interested students are invited to submit an application form to the graduate office after obtaining approval from the thesis supervisor. The applications will be screened based on merit by the Graduate Office to ensure students meet the requirements for specific internship opportunities and then forwarded to potential sponsor companies/agencies. The final selection of the candidate for internship will be decided by the sponsor company/agency. Once a student is selected, s/he will be absent from the thesis supervisor's research team and therefore, the supervisor will not be responsible for the student's stipend as it will be covered by the internship sponsor. At the end of the program, the student is expected to submit a summary report to the supervisor, and members of the thesis advisory committee.

Student:

I have read the above and will proceed with the application process upon receiving approval from my thesis supervisor.

Student Signature

Date

Graduate Supervisor:

By signing this Request for Supervisor Approval form, I am giving full support to my graduate student to participate in the Internship Program for Graduate Students in the Graduate Department of Pharmaceutical Sciences. I understand I am not responsible for paying any stipend during the student's internship period as it will be covered by the internship sponsor.

Graduate Supervisor Signature

Date

Graduate Associate Dean/Coordinator Signature

Date