

APR.INTERN - STUDENT APPROVAL FORM

APR.Intern requires all candidates to submit the below approval form with their Student Application.

Visit <u>www.aprintern.org.au</u> or contact APR.Intern <u>contact@aprintern.org.au</u> for assistance.

All mandatory fields must be complete to ensure your application is processed.

	STUDENT DETAILS	MANDATORY					
Na	me:						
Stu	udent ld:						
Un	iversity:						
Fac	culty:						
En	rolment status:						
Ex	pected thesis submission date:						
Vis	ва Туре:						
В.	INTERNSHIP INFORMATION	IF APPLICABLE					
Pro	eject Title/Internship Opportunity No:						
Pro	ject Length:						
Organisation: Business Developer: Business Developer Phone Number:							
					C.		MANDATORY
	be completed by the academic intending to be the mentor for the student's p	roject.					
		roject. I will provide the necessary					
	be completed by the academic intending to be the mentor for the student's p I agree to be the Academic Mentor throughout the research internship and	roject. d will provide the necessary project.					
	be completed by the academic intending to be the mentor for the student's p I agree to be the Academic Mentor throughout the research internship and support to the student (named in section A) and guidance on the research I am the principal supervisor of the student (named in Section A) and support to the student (named in Section A) and support (named in Sectio	roject. If will provide the necessary project. If word their submission of a					
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D. PRINCIPAL SUPERVISOR DECLARATION

IF APPLICABLE

To be completed by the student's Principal Supervisor who does NOT intend to be the Academic Mentor for the project, indicating your support for the student identified in Section A.

I have discussed with my student the possibility of a research internship with APR.Intern and I support their submission of a Student Application to participate in this program.

I acknowledge where the Academic Mentor is not myself, that the responsibilities and academic mentorship fee will fall with the person assigned to the role.

Name:					
University:					
Email:					
Phone Number:					
Department:					
SIGNATURE	FULL NAME				
E. AUTHORISED APPROVER FOR PHI	O STUDENT	MANDATORY			
To be completed by the authorised approver.					
For a list of approvers please head to the APR.Intern website.					
https://aprintern.org.au/student-approval-form/					
I support the submission of this student's application to participate in the APR.Intern program for the nominated project in Section B OR until the expiry date listed below.					
I confirm that the student holds an 'active' enrolment in their PhD degree or a university designed PhD internship unit/subject to meet the requirements of APR.Intern.					
This approval form expires:					
Notes/Comments:					
SIGNATURE	FULL NAME				