

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.

Α.	STUDENT DETAILS		MANDATORY
Name:			
Student ID:			
University:			
Faculty:			
Enrolment status:			
Expected thesis submission date:			
Visa Type:			
Field of Research (FOR) Code:			
В.	INTERNSHIP INFORMATION		IF APPLICABLE
Organisation & APR Number:			
Project Title:			
Duration:			
Business Development Contact:			
Business Development Contact Phone Number:			
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C.	PRINCIPAL SUPERVISOR DECLARA	ATION	MANDATORY
To be completed by the student's Principal Supervisor, indicating 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 agree to be the Academic Mentor throughout the internship and will provide the necessary support to the student and guidance on the research project. (Proceed to section E)		
	I will not be acting as the Academic Mentor for this internship and acknowledge that the responsibilities and academic mentorship fee will fall with the person assigned to the role. (Section D must be completed with details of agreed Academic Mentor)		
Nar	ne:		
University:			
Email:			
Phone Number:			
Der	partment:		
·		FULL NAME	



D. ACADEMIC MENTOR DECLARATION

IF APPLICABLE

To be completed by the nominated Academic Mentor, when the Principal Supervisor will not be the Academic Mentor for the project.

I agree to be the Academic Mentor throughout the internship and will provide the necessary

support to the student and guidance on the research project. (Proceed to section E) Name: **University:** Email: **Phone Number: Department: SIGNATURE FULL NAME MANDATORY** E. AUTHORISED APPROVER FOR PHD STUDENT To be completed by the authorised approver for the University. For a list of approvers please visit 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. I confirm that the student details in Section A are correct. This approval form expires: **Notes/Comments: SIGNATURE FULL NAME**