

Industry Internship Approval

Student information	
Surname:	Given name(s):
Student number:	Email:
Degree & level of study:	Academic session:

Industry internship information	
Company name:	
Company address:	
Start date (mm/dd/yyyy):	End date (mm/dd/yyyy):

Expected duties and requirements of internship. (Attach additional pages if needed).

Approvals		
Name	Signature	Date (mm/dd/yyyy)
Supervisor:		
Industry liaison:		
Committee member:		
Committee member:		
Graduate program director:		