apr.intern – student approval form

*APR.Intern requires all candidates to submit the below approval form, with their Student Application. Please visit* [*www.aprintern.org.au*](http://www.aprintern.org.au) *or contact APR.Intern (*[*contact@aprintern.org.au*](mailto:contact@aprintern.org.au)*) for assistance.*

1. student details (mandatory)

**Name**: Click or tap here to enter text

**Student Id:** Click or tap here to enter text

**University**: Click or tap here to enter text

**Enrolment status**: Choose an item

**Expected thesis submission date**: Click or tap to enter a date

1. internship information (if applicable)

**Project Title/Internship Opportunity No:** Click or tap here to enter text

**Project Length:** Click or tap here to enter text

**Organisation:** Click or tap here to enter text

1. academic mentor declaration (MANDATORY)

*Mandatory section to be completed, please cross relevant statements.*

I agree to be the Academic Mentor throughout the research internship and will provide the necessary support to the student (named in section A) and guidance on the research project.

I am the Principal Supervisor of the student (named in Section A) and support their submission of a Student Application to participate in APR.Intern program.

**Name**: Click or tap here to enter text

**Contact No**: Click or tap here to enter text

**University**: Click or tap here to enter text

**Department**: Click or tap here to enter text

**Email**: Click or tap here to enter text

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap to enter a date. |
| Signature of Authorised Approver |  | Date |
| Click or tap here to enter text. |  |  |

Name of Authorised Approver

1. principal supervisor declaration (IF APPLICABLE)

*Subject to university policy, please complete if you intend NOT to be the Academic Mentor, indicating your support for the student identified in Section A to participate in the APR.Intern program.*

**Name**: Click or tap here to enter text

**Contact No**: Click or tap here to enter text

**University**: Click or tap here to enter text

**Department**: Click or tap here to enter text

**Email**: Click or tap here to enter text

Please  where applicable:

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.

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap to enter a date. |
| Signature of Principal Supervisor |  | Date |
| Click or tap here to enter text. |  |  |
| Name of Principal Supervisor |  |  |

1. authorised approver for postgraduate students (MANDATORY)

*Please  the below as confirmation for the student identified in Section A*

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:** Click or tap to enter a date.

**AUTHORISED BY:**

|  |  |
| --- | --- |
| Signature/Name of Approver | Click or tap to enter a date. |