

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 or contact APR.Intern (contact@aprintern.org.au) for assistance.

A. STUDENT DETAILS (MANDATORY)

Name: Click or tap here to enter text	University: Click or tap here to enter text
Student Id: Click or tap here to enter text	Enrolment status: Choose an item
Expected thesis submission date: Click or tap to enter a date	
B. INTERNSHIP INFORMATION (IF APPLIC	CABLE)
Project Title/Internship Opportunity No: Click of	or tap here to enter text
Project Length: Click or tap here to enter text	
Organisation: Click or tap here to enter text	
C. ACADEMIC MENTOR DECLARATION (I	MANDATORY)
Mandatory section to be completed, please cross relevant	statements.
☐ I agree to be the Academic Mentor throughout to	the research internship and will provide the necessar
support to the student (named in section A) and guida	nce on the research project.
$\ \square$ I am the Principal Supervisor of the student (na	med in Section A) and support their submission of
Student Application to participate in APR.Intern progr	am.
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	