

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 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

C. 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

D. 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

University: Click or tap here to enter text

Contact No: 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

E. 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.