

## APR.INTERN – STUDENT APPROVAL FORM

APR.Intern requires all candidates to submit the below approval form with their Student Application.

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.

**All mandatory fields must be complete to ensure your application is processed.**

## A. STUDENT DETAILS

MANDATORY

Name:

Student Id:

University:

Enrolment status:

Expected thesis submission date:

## B. INTERNSHIP INFORMATION

IF APPLICABLE

Project Title/Internship Opportunity No:

Project Length:

Organisation:

## C. ACADEMIC MENTOR DECLARATION

MANDATORY

Select the relevant box/es below

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:

University:

Email:

Phone Number:

Department:

SIGNATURE \_\_\_\_\_

FULL NAME \_\_\_\_\_