

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 or contact APR.Intern (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:****Faculty:****Enrollment status:****Expected thesis submission date:****Visa Type:**

B. INTERNSHIP INFORMATION

IF APPLICABLE

Project Title/Internship Opportunity No:**Project Length:****Organisation:****Business Developer:****Business developer phone number:**

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 _____

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.

Select the relevant box/es below

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.

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Name:

University:

Email:

Phone Number:

Department:

SIGNATURE _____

FULL NAME _____

E. AUTHORISED APPROVER FOR PHD STUDENT

MANDATORY

For relevant approvers: <https://aprintern.org.au/application-approval-form/>

Select the relevant box/es below

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:

Notes/Comments:

SIGNATURE _____

FULL NAME _____