

## 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:****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/university-approval-information/>

*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 \_\_\_\_\_