

## 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:**

**Enrolment status:**

**Expected thesis submission date:**

**Visa Type:**

**Field of Research (FOR) Code:**

### B. INTERNSHIP INFORMATION

**IF APPLICABLE**

**Organisation & APR Number:**

**Project Title:**

**Duration:**

**Business Development Contact:**

**Business Development Contact Phone Number:**

### C. PRINCIPAL SUPERVISOR DECLARATION

**MANDATORY**

*To be completed by the student's Principal Supervisor, indicating support for the student identified in Section A.*

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 agree to be the Academic Mentor throughout the internship and will provide the necessary support to the student and guidance on the research project. (Proceed to section E)

I will not be acting as the Academic Mentor for this internship and acknowledge that the responsibilities and academic mentorship fee will fall with the person assigned to the role. (Section D must be completed with details of agreed Academic Mentor)

**Name:**

**University:**

**Email:**

**Phone Number:**

**Department:**

SIGNATURE

FULL NAME

**D. ACADEMIC MENTOR DECLARATION****IF APPLICABLE**

*To be completed by the nominated Academic Mentor, when the Principal Supervisor will not be the Academic Mentor for the project.*

I agree to be the Academic Mentor throughout the internship and will provide the necessary support to the student and guidance on the research project. (Proceed to section E)

**Name:****University:****Email:****Phone Number:****Department:**

SIGNATURE

FULL NAME

**E. AUTHORISED APPROVER FOR PHD STUDENT****MANDATORY**

*To be completed by the authorised approver for the University.*

*For a list of approvers please visit the APR.Intern website. <https://aprintern.org.au/student-approval-form/>*

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.

I confirm that the student details in Section A are correct.

I confirm that the university agrees to pay the facilitation fee of \$3k where applicable.\*

\*The \$3k fee applies to non-mathematical science internships where a university has already used any free internships allocated based on AMSI membership. APR subscribed universities do not pay this fee.  
More info: <https://aprintern.org.au/about-apr-intern/subscription/>

**This approval form expires:****Notes/Comments:**

SIGNATURE

FULL NAME