Pharmaceutical Sciences
INTERNERSHIP PROGRAM
REQUEST FOR SUPERVISOR APPROVAL

Date: ________________________

Student Name: ______________________________  Supervisor Name: _____________________________

Student Number: ____________________________  Co-Supervisor Name: __________________________

Position Applying For: _____________________________________________________________________________

Start Date: __________________________________  End Date: ____________________________________

The Program:
The Internship Program for Graduate Students has been established to allow selected graduate students to work at a pharmaceutical or a biotechnology company or in a government/policy setting for up to 12 months, normally in the final year of graduate study. The goal is to provide students with an opportunity to gain valuable professional experience in a real world setting and to apply their graduate research training to solve practical problems. It is envisioned that host companies/agencies can also benefit from access to a specialized pool of talented graduates as potential future employees.

Interested students are invited to submit an application form to the graduate office after obtaining approval from the thesis supervisor. The applications will be screened based on merit by the Graduate Office to ensure students meet the requirements for specific internship opportunities and then forwarded to potential sponsor companies/agencies. The final selection of the candidate for internship will be decided by the sponsor company/agency. Once a student is selected, s/he will be absent from the thesis supervisor’s research team and therefore, the supervisor will not be responsible for the student’s stipend as it will be covered by the internship sponsor. At the end of the program, the student is expected to submit a summary report to the supervisor, and members of the thesis advisory committee.

Student:
I have read the above and will proceed with the application process upon receiving approval from my thesis supervisor.

_______________________________________                _______________________________________
Student Signature        Date

Graduate Supervisor:
By signing this Request for Supervisor Approval form, I am giving full support to my graduate student to participate in the Internship Program for Graduate Students in the Graduate Department of Pharmaceutical Sciences. I understand I am not responsible for paying any stipend during the student’s internship period as it will be covered by the internship sponsor.

_______________________________________    _______________________________________
Graduate Supervisor Signature        Date

________________________________________   _______________________________________
Graduate Associate Dean/Coordinator Signature           Date