



Please check yes to acknowledge your requirement of a short survey post-internship:

Student Name \_\_\_\_\_ HUID \_\_\_\_\_

PhD Program \_\_\_\_\_ G Year \_\_\_\_\_

Date of Next DAC Meeting \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

**Please include the following documents when submitting this application form:**

- An invitation letter from the sponsoring organization with description, dates, and compensation package.
- International students only: Attach Curricular Practical Training (CPT) form

Dates of Internship: \_\_\_\_\_ Internship Salary: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Internship Supervisor: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Job Sector: \_\_\_\_\_ Career Type: \_\_\_\_\_ Job Function: \_\_\_\_\_

Describe type of work, objectives of internship, and your academic plan upon return to graduate school.

Does this internship overlap with your lab's research? If so, describe here:

Is your internship part-time or full-time?

(2/2)

Part Time\*: \_\_\_\_\_ Full Time: \_\_\_\_\_

If your internship is part-time, please describe how you will balance lab-time with your internship & what days of the week/hours you will work:

\*By signing this document, you acknowledge part-time internships require **no** reduction to lab time

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit form 2 months prior to internship to Kelly Nicolas ([Kelly\\_Nicolas@hms.harvard.edu](mailto:Kelly_Nicolas@hms.harvard.edu)), Office of Graduate Education PhD Programs- Student Affairs Office - TMEC 435 - 260 Longwood Ave, Boston, MA 02115

*\*OGE does not guarantee approval of part-time internships due to complexities, please accurately describe your plan*

Updated 02/04/26