



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:

Empty rectangular box for describing part-time internship balance.

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

Student Signature _____ Date _____

Advisor Signature _____ Date _____

DAC Chair Signature _____ Date _____

Program Head Signature _____ Date _____

Submit form 2 months prior to internship to Kelly Nicolas (Kelly_Nicolas@hms.harvard.edu), Division of Medical Sciences - Student Affairs Office - TMEC 435 - 260 Longwood Ave, Boston, MA 02115

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

Updated 07/30/24