



Off-Campus Internship Approval

1. STUDENT INFORMATION

Student Name: _____ KAUST ID Number:

--	--	--	--	--	--

Degree Program: _____ Effective Semester/Year: _____

Degree (select one): MS (non-thesis)
MS (with thesis) *Section 3 must be completed for all MS thesis students*
PhD

Internship Start Date: _____ Internship End Date: _____

Name and Location of Internship Provider: _____

Name and Contact Information of On-Site Supervisor: _____

Note: A minimum of 8 working weeks are required to qualify for 6 credits of directed research.

Objectives and goals of internship:

Alternative Plan:

Please indicate your alternative plan for the summer session in case your internship is not approved or is cancelled prior to its start date for other administrative reasons such as failure to obtain a visa, etc:

Student Signature: _____ Date: _____

2. KAUST FACULTY SUPERVISOR APPROVAL

Internship Outcomes: *(specific outcomes required from the student to successfully complete the internship)*

- a. _____
b. _____
c. _____

Internship Evaluation Method (Please specify)

Name: _____ Signature: _____ Date: _____

3. MS THESIS ADVISOR APPROVAL (to be complete for all MS thesis students)

Are you supervising this student's MS thesis? YES NO

Is this internship required for the thesis research? YES NO

Name: _____ Signature: _____ Date: _____

4. ACADEMIC ADVISOR APPROVAL (if different from above)

Remarks: _____

Name: _____ Signature: _____ Date: _____

Please submit this form to your Graduate Program Coordinator for further processing.

5. ASSOCIATE DEAN APPROVAL (or designee)

Remarks: _____

Name: _____ Signature: _____ Date: _____

6. GRADUATE AFFAIRS APPROVAL (Professional Development Office)

Remarks: _____

Name: _____ Signature: _____ Date: _____

7. REGISTRAR APPROVAL

Remarks: _____

Name: _____ Signature: _____ Date: _____

Please e-mail a copy of the completed form to professional.development@kaust.edu.sa