



The Division of Medical Sciences
Internship Approval Form

Date: _____

Student Name:	
HUID:	
Program:	
Grad Year:	
Expected Date of Next DAC Meeting:	
Anticipated graduation date:	

Dates of Internship:	
Organization Name:	
Organization Address:	
Internship Supervisor:	
Supervisor Contact Information:	Email: Phone:

Please include the following documents when submitting this application form:

- An invitation letter from the sponsoring organization showing a depiction of the intended internship, length of internship, and salary
- A description of the type of work and objectives of the internship
- An agreement from the sponsoring organization explaining your compensation package (if applicable)
- International students only: Curricular Practical Training (CPT) form

Dissertation Advisor:	Signature	Date
DAC Committee Chair:	Signature	Date

Return form to Jane Riccardi (Jane_Riccardi@hms.harvard.edu)
Division of Medical Sciences
Student Affairs Office, TMEC 435
260 Longwood Ave, Boston, MA 02115
617-432-2029

Program Head or designee:	Signature	Date
Graduate Student:	Signature	Date
Director of Academic Administration: Sam Reed	Signature	Date
Dean for Graduate Education: Dr. Rosalind Segal	Signature	Date

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