International Research Internship Program
Approval Form

College: __________________________

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
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<tr>
<th>Home University:</th>
<th>Current Visa Held/Requested*</th>
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<td>(circle one)</td>
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*Students will need to get F-1 Visa status for this program and must complete the I-20 Request form on the SCE web site. They must also complete the SCE Registration form.

Current Year in School: (Circle one) Sophomore Junior Senior Graduate Student
(Student’s year in school prior to the internship. Please describe if the academic years of the student’s home institution are not consistent with the U.S. educational system.)

Start Date of Internship: ____/____/____  End Date of Internship: ____/____/____

Student’s CESS Registration Status: (Circle one) Undergraduate Graduate

Independent Study Course Number: ____________ Number of Credits: __________

FACULTY/RESEARCH INFORMATION

Faculty Supervisor’s Name/Title: __________________________

Lab/Office in Which Student Will Work: __________________________

Describe Research Work and the Nature of the Supervision: ____________
________________________________________________________
________________________________________________________
________________________________________________________
DEPARTMENT/SCHOOL INFORMATION

Department/School Name: ____________________________________________________

Contact Person: ___________________ Phone #: _______________ Email: __________

Source of Funds to Pay Administrative Fee: ____________Account Number__________

DEPARTMENT/SCHOOL/COLLEGE APPROVALS

Signatures acknowledge that the student has been appointed as a Research Intern and meets the eligibility criteria to participate in the International Research Internship Program.

Faculty Supervisor’s Approval: ___________________________ _______________

Signature _______________ Date _______________

Director’s/Chair’s Approval: ____________________________ _______________

Signature _______________ Date _______________

Dean’s or Designee Approval: ____________________________ _______________

Signature _______________ Date _______________

Please submit this form via email (with electronic signatures) or hard copy to:

Eric Lavin
School of Continuing Education and Summer Sessions
B20 Day Hall
Phone: 607.255.4987
Fax: 607.255.9697
Email: el527@cornell.edu