Insert STUDENT’S name here

Principal Supervisor Approval

# Principal Supervisor Details

**Name**: Click or tap here to enter text

**University**: Click or tap here to enter text

**Department**: Click or tap here to enter text

**Phone**: Click or tap here to enter text

**Email**: Click or tap here to enter text

# Academic Mentor Details

*Only required if this is not the same as the Principal Supervisor*

**Name**: Click or tap here to enter text

**University**: Click or tap here to enter text

**Department**: Click or tap here to enter text

**Phone**: Click or tap here to enter text

**Email**: Click or tap here to enter text

# Student Details

**Name**: Click or tap here to enter text

**University**: Click or tap here to enter text

**Degree/Course Name**: Click or tap here to enter text

**Enrolment status**: Choose an item

**Expected thesis submission date**: Click or tap to enter a date

**Expected completion date**: Click or tap to enter a date

# Internship Details

**Proposed duration of internship**: Enter a number from 3 to 6 months

**Stage of degree/course during which the internship is proposed to take place**:

Choose an item.

**Additional comments**:

Click or tap here to enter text

# Principal Supervisor Declaration

*Please* 🗹 *where applicable*

[ ]  I have discussed the possibility of a research internship with APR.Intern with my student (named at Item 3) and I support their submission of a Student Application to participate in this program.

[ ]  My student and I have discussed potential Industry Partners who could provide opportunities for the student to apply their research expertise and develop workplace skills. Where possible, we have identified relevant contacts within the selected companies who might enable the establishment of an internship within the organisation. These have been provided in the Potential Industry Partners form attached to this application. *(General Applications only)*

[ ]  I intend to be the Academic Mentor or have listed a suitable alternative listed at Item 2 to provide support and guidance to the student throughout the research internship.

[ ]  Where the Academic Mentor has been pre-assigned to the internship and is not myself, I acknowledge that the academic mentorship role and fee will fall with the pre-assigned Academic Mentor. *(Advertised Internships only where a mentor has been pre-assigned)*

[ ]  Based on the current ability and progress of my student, participation in an internship with APR.Intern will not impact on the final submission date of their thesis.

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap to enter a date. |
| *Signature of Principal Supervisor* |  | *Date* |
| Click or tap here to enter text. |  |  |
| *Name of Principal Supervisor (please print)* |  |  |