



NSERC-CREATE
Internship Approval Form

Date:

Name: _____

Home Institution: _____

Current Academic Level: M.Sc. Ph.D.

Duration of proposed internship (# of weeks): ___ Start date: _____ End date: _____

Internship Institution: _____

Name of intern's Mentor: _____

E-mail address of internship supervisor: _____

Internship summary and objectives (250 words max.):

Brief description of lab space, equipment, and/or research setting available to intern (250 words max.):

Brief statement of career goals (including how this internships might be useful in realizing these goals) (250 words max.):

Student's name and signature: _____

Thesis supervisor's name and signature: _____

Internship supervisor's name and signature: _____

**PLEASE SUMIT ALL MATERIALS AT LEAST 3 WEEKS BEFORE YOU START
YOUR INTERNSHIP BY EMAIL TO**

bess@mcgill.ca