

Graduate and Études supérieures et Postdoctoral Studies postdoctorales



Doctoral Internship Plan

The purpose of the internship is to use skills and knowledge acquired during doctoral studies at McGill University in a practical way, preparing the intern for their integration in the employment market.

| Student ID Preferred Name Family Name Citizenship McGill Email Department/Program INTERNSTEE Name of Organization Address (including Courty-Top Street) | | |
|---|--|--|
| INTERNSHIP SITE | | |
| | | |
| Name of Organization Address (including Country) | | |
| | | |
| Internship Site Supervisor Title | | |
| Email Telephone Website | | |
| INTERNSHIP DETAILS | | |
| Indicate the start and end date of the internship (DD/MM/YYYY) Will the host organization be providing remuneration to the intern? | | |
| From To Yes No | | |
| Weekly working hours will be: If yes, please indicate the amount of remuneration: | | |
| Overview of the Organization (Internship Site) Briefly describe the overall mission of the organization. | | |
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| Internship Plan | | |
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| Briefly describe the main duties. Bullet points are acceptable. | | |
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| TERMS AND CONDITIONS | | |
| Changes in plans, including start/end dates or interruption of internship, must be reported immediately to GPS. Failure to do so may result in the withdrawal of the award. Upon completion, DIP recipients are required to complete the <u>Final Student Report</u>. Failure to submit the report will result in not receiving the final disbursement of \$100. | | |
| SICN | ATLIDES | |
| SIGNATURES By signing below, the applicant certifies all information given in this document is true and correct to the best of their knowledge | | |
| and agrees to the Terms and Conditions as listed above. | | |
| By signing below, the organization confirms they have reviewed this internship application. | | |
| GPS will review the submission, assign an award amount, and sign below for final approval. | | |
| | | |
| Student intern's name (please print) Date | Internship Site Supervisor's name (please print) Date | |
| | | |
| | | |
| Signature | Signature | |
| | | |
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| FURTHER INSTRUCTIONS | | |
| | | |
| Once all signatures have been obtained , please submit your application to GPS via the online application form. | | |
| Graduate and Postdoctoral Studies Approval | | |
| | | |
| Name (plazce print) | Date | |
| Name (please print) | Date | |
| | | |
| Title | Signature | |
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