



INTERNATIONAL CO-OP/INTERNSHIP APPROVAL – MASTER’S STUDENTS

Student’s Full Name: _____ GTID: _____

Degree Program: _____

Expected Graduation Date: _____ Are you an international student?: YES NO

Employment Offer (employer name, job title, country): _____

Employment Dates (approx.): _____

TO BE FILLED OUT BY FACULTY ADVISOR:

This Master’s student is approved for a full-time global internship assignment for the following term(s):

(Please check all that apply)

- FALL 20 _____
- SUMMER 20 _____
- SPRING 20 _____

Student meets school requirements for participation in the Global Internship Program ? YES NO

Student is recommended for the Global Internship Program (graduate co-op/internship)? YES NO

Has this student met all degree requirements and/or coursework requirement in order to graduate? YES NO

Has the student submitted a degree petition to graduate? YES NO If yes, what term? _____

Please indicate the student’s expected graduation date _____

Both signature lines must be signed for processing:

Academic Advisor (Signature)	Academic Advisor (Printed Name)	Date
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Graduate Coordinator (Signature)	Graduate Coordinator (Printed Name)	Date
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