



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

Upon completion, please upload this file to your CareerBuzz account AND submit this form to the Global Internship Program in person or via email (SAVANT 211 or [globalinternships@oie.gatech.edu](mailto:globalinternships@oie.gatech.edu)).

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

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