



INTERNATIONAL CO-OP/INTERNSHIP APPROVAL – PHD 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.): _____ Compensation: _____

Do you have a GRA/GA/GTA? ___ YES ___ NO Will you receive your GRA from GT while abroad? ___ YES ___ NO

What other funding, if any, do you receive? _____

Is the work/research you'll be doing abroad related to your dissertation? If yes, provide more information:

Will you still be under the guidance of your GT faculty advisor while abroad? If yes, provide more information:

TO BE FILLED OUT BY FACULTY ADVISOR:

This PhD 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:

Faculty Advisor (Signature) Faculty Advisor (Printed Name) Date

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