

Graduate School Approval:

\_\_\_\_\_ Date \_\_\_\_\_

Copy to HWS \_\_\_\_\_

### GRADUATE STUDENT

### FALL-SPRING INTERNSHIP APPROVAL FORM

**Instructions:** This form should be completed by graduate students who (1) seek permission to participate in a fall or spring semester internship; (2) seek permission to be excused from their assistantship (if applicable) for one semester to participate in a fall or spring internship; (3) seek financial support from their department during the fall or spring internship; and/or (4) want to continue their student health insurance coverage during the fall or spring internship. To be eligible, students must:

1. Complete this form and attach evidence of an internship offer
2. Agree to enroll for a minimum of 2 graduate credits or continuous enrollment status during the internship semester
3. Obtain faculty advisor approval in advance of the internship (as noted by signature below)
4. Obtain program/departmental approval in advance (as noted by signatures below)
5. International students in F-1 and J-1 visa status must consult with the Office of International Programs for employment authorization.

**Submit signed form to the Graduate School as soon as the fall or spring internship is arranged, but no later than 1 week before the beginning of the internship semester.**

NAME \_\_\_\_\_

WSU ID \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

CURRENT FINANCIAL SUPPORT: RA  TA  PA  Fellowship

VISA STATUS (if applicable) \_\_\_\_\_

DEPT \_\_\_\_\_

PROGRAM \_\_\_\_\_

INTERNSHIP SEMESTER: FALL  SPRING  IS THERE AN INTERNSHIP STIPEND? Yes  No

INTERNSHIP OFFERED BY (Attach Offer) \_\_\_\_\_

**HEALTH INSURANCE:** Do you want to continue health insurance coverage while on the internship? Yes  No

(International students must carry health insurance during their internship.)

If YES, which WSU health insurance plan are you currently participating in? GSA  Regular (self-pay)

For information about insurance benefits, enrollment /cancellation deadlines, and costs, call HWS at 355-8216.

*To continue participating in the student health insurance plan, I agree to enroll in a minimum of 2 graduate credits or continuous enrollment status during the internship semester (fall or spring) and assume full financial responsibility for the costs of the tuition, fees and health insurance, unless my faculty advisor/ program chair agree to cover some or all of these costs (see below). I understand that any plan enrollment/cancellation must meet with health insurance deadlines.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

#### FACULTY ADVISOR AND PROGRAM /DEPARTMENT CHAIR APPROVAL (Check all that apply):

- The student has permission to participate in the fall or spring semester internship noted above.
- If appointed to an assistantship, the student has permission to leave the assistantship position for one semester to participate in the internship. The student will be reappointed to an assistantship after the internship is over.
- If currently a graduate assistant, the program/department agrees to pay the student's GSA health insurance cost for the fall or spring semester that the student is an intern.
- The program/department agrees to pay for the student's tuition for a minimum of 2 graduate credits.
- The program/department agrees to provide other support: \_\_\_\_\_

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funding Authority (if department agrees to cover costs noted above)

\_\_\_\_\_  
Date

Copy for Dept Academic  
Coordinator--Please initial:  
\_\_\_\_\_Date\_\_\_\_\_

GS06/08