Off-Campus Internship Approval Form

1. STUDENT INFORMATION

Student Name: _____

Degree Program: _____

Degree (select one): PGDip Program ☐

MS (non-thesis) ☐

MS (with thesis) ☐

PhD ☐

KAUST ID Number: ☐☐☐☐☐☐☐

Effective Semester/Year: _____

Nationality: _____

Name of Your GPC: _____

Name of Your PI/Academic Advisor _____

- To participate in an internship, you are required to have at least a **3.0 cGPA**, be in good academic standing and, not be in violation of the KAUST Code of Conduct.

  ☐ **I acknowledge I meet the above requirements.**

- Please indicate any external financial aid you will receive during your internship by the receiving institution:

  Monthly Salary YES ☐ NO ☐ If yes, please indicate the amount in USD ($):_____

Internship Start Date (**MM/DD/YYYY**): _____Internship End Date (**MM/DD/YYYY**):_____

*Note: A minimum of 8 working weeks are required to qualify for 6 internship credits.

Name and Location of Internship Host Organization: _____

Name and Contact Information of Host Organization Supervisor: _____

Internship Objectives and Evaluation Method (as discussed with KAUST Advisor and Onsite Host Supervisor):

Internship Objectives: List Internship Outcome Objectives. *Internship objectives should be discussed with your university academic advisor/PI and, where/when possible, with your onsite supervisor prior to submitting this application.*

- _____
- _____
- _____

Evaluation:

Method: Upon completion of the internship, the following items will be submitted to the PI/ Advisor for their review in determining an internship grade:

1) Onsite supervisor evaluation form of the intern (Available from your GPC or Student Career Development)
2) A 3–5-page final report written by the student that includes the following:
   a. Overview of responsibilities during internship,
   b. Major accomplishments and/or outcomes,
   c. Learning objectives achieved, and
   d. Contribution to their research and/or career development.

Deadline: Students must submit their final reports to their PI/Advisor with the Registrar's Office (registrarhelpdesk@kaust.edu.sa) copied in on the email within one week of the internship's conclusion to ensure timely grading and feedback.

Student Signature:_____ Date: _____

2. KAUST's (PI/ACADEMIC) ADVISOR APPROVAL

Are you supervising this student's MS or PhD thesis? YES ☐ NO ☐

Is this internship required for the thesis research? YES ☐ NO ☐

Name: _____ Signature: _____ Date: _____

*Please submit this form AND the contract to your Graduate Program Coordinator for further processing

3. REGISTRAR APPROVAL

Remarks: _____

Name: _____Signature: _____Date:_____

4. ASSOCIATE DEAN APPROVAL *(or designee)*

Remarks: _____

Name: _____Signature: _____Date:_____

5. ALUMNI & GRADUATE EMPLOYMENT

Remarks: _____

Name: _____Signature: _____Date: _____