



Internship Leave Form

Student Name: _____

PSU ID#: _____

Degree: M.S. Ph.D.

Semester: _____

Adviser: _____

Coursework Completed: Yes No

Qualifying Exam Completed: Yes No

Comprehensive Exam Completed: Yes No

Internship requested for semester/year: _____

Depart Date: _____ Return Date: _____

Company Name: _____

Company Location: _____

Signatures

Student: _____ Date: _____

Adviser Approval: _____ Date: _____

Return to the Graduate Programs Office in the Westgate Building prior to the semester you will be on your internship for the Graduate Programs Director approval.

Grad Programs Director Approval: _____ Date: _____