# Penn State College of Information Sciences and Technology

# Internship Leave Form

Name:

PSU ID:

**Degree** (circle one) M.S. Ph.D.

**Semester:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adviser:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coursework Completed** (circle one) Yes No

**Qualifying Exam Completed** (circle one) Yes No

**Comprehensive Exam Completed** (circle one) Yes No

**Internship requested for semester/year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Depart Date:**

**Return Date:**

**Company Name:**

**Company Location:**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Adviser Signature Date

Office of Graduate Programs • (814) 863-0591 • ISTgradprograms@psu.edu