

Internship Leave Form

Name _____

PSU ID# _____

Degree (circle one) 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 _____

Student Signature

Date

Adviser Signature

Date



STUDENT

I agree to have _____ as my adviser for my M.S. studies at IST.

Student Signature

Date

ADVISER

I agree to advise _____ during their M.S. studies at IST.

Adviser Signature

Date

Return form to the Office of Graduate Programs in the Westgate Building to be approved by the director of Graduate Programs.

Graduate Programs Director Signature

Date

Thesis

Paper