Career Internship Approval Form for BGS Students

BGS will permit in especially well-justified circumstances one full-time\(^1\) career-related internship, normally conducted over the summer months. Approvals from the thesis advisor(s), graduate group chair, thesis committee chair, and BGS director are required. The form should be submitted for approval at least 30 days prior to the start of the internship.

Student Name:
Graduate Group:
Program (if in CAMB or GGEB):
Year of PhD Training:
Thesis Advisor(s):
Thesis Committee Chair:
Last Date of Thesis Committee:

Name of Company/Organization:
Location:
Start Date:
End Date:

*Description/Rationale.* Describe the activity, and explain the value of the activity to your career development goals or interests.

<table>
<thead>
<tr>
<th>Stipulations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I understand that I will not receive a stipend from the University during the period of the internships.(^2)</td>
</tr>
<tr>
<td>☐ IF SUPPORTED BY A TRAINING GRANT OR EXTERNAL FELLOWSHIP: I will make arrangements through all related parties, e.g. the principal investigator and program officer, to discontinue funding from that source for the duration of the internship.</td>
</tr>
<tr>
<td>☐ The work I will be doing is not related to my dissertation research, and in the case of a full-time internship I will resume my dissertation research immediately upon its conclusion. Any confidentiality agreements I may sign with the company will not affect my dissertation research.</td>
</tr>
<tr>
<td>☐ Within 2 weeks of completing the internship, I will submit a summary of the internship to BGS in order to share what I learn from the experience with other BGS students.</td>
</tr>
<tr>
<td>☐ IF NON-US/NON-PERM RES: As an international student, I have consulted with ISSS and will arrange to conduct CPT (curricular practical training) during this period.</td>
</tr>
</tbody>
</table>

(See next page for required signatures)
BGS Career Internship Approval Form: Signatures

________________________________________________
Signature of student

We support the student’s request and certify that i) progress on thesis research is currently acceptable, ii) the time taken for the activity will not substantially impact the momentum of thesis research, iii) the activity will not otherwise constitute an undue burden on the advisor, and iv) the student is in good standing.

________________________________________________
Signature of GG chair

________________________________________________
Signature of Program Chair (if in CAMB or GGEB)

________________________________________________
Signature of Thesis Advisor

________________________________________________
Signature of Thesis Committee Chair

________________________________________________
Signature of BGS Director

1Requests for part-time internships (of a maximum 10 hours/week) should be made using the BGS Additional Compensation form: https://www.med.upenn.edu/bgs/tas.shtml

2It is customary that a for-profit entity provide compensation for a full-time internship. Students will continue to be covered by Penn’s Student Health Insurance Plan during the summer internship.