**Acknowledgement of Support for PhD Plus Internship**

I hereby support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) in pursuing an internship through the PhD+ Internship program during the 2023-24 academic year (Summer 2023, Fall 2023 and/or Spring 2024).

Please check all boxes that apply (checking first box is a pre-requisite)

* I confirm he/she maintains good academic standing
* I understand the likely benefits of this internship towards his / her professional and/ or career goals
* I confirm he/ she can balance academic responsibility with expectations of PhD Plus internship
* I acknowledge that the internship will account for 20 hours of work/week (during summer) or 10 hours of work/week (during fall/spring )and confirm that their departmental responsibilities will allow them to participate in the internship.

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DGS Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DGS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_