



UMass | Dartmouth

COAST Professional Science Master's Program

Professional Internship Agreement & Proposal Approval Form

COAST PSM Student Name	Student ID#
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Company/Organization/Laboratory	Immediate Supervisor
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Company/Organization/Lab Address

Company/Organization/Lab Telephone	Email
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Start Date	End Date	Hours/week	Total hours worked	Pay Rate
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Internship Project Title: (as applicable, attach position description and/or internship proposal)

Agreement:

The above named individuals agree to participate in the PSM Internship described herein and adhere to the designated dates and conditions. All students must register for internship credit during the semester in which the internship is undertaken. International students must comply with all International Student Office requirements. A comprehensive written report that documents completion of internship duties, along with this signed form, must be submitted to the PSM Program Coordinator and Immediate Supervisor by the last day of the semester in which the internship is performed. A concurrent oral presentation of internship achievements must be presented to the Immediate Supervisor. Failure to complete the above requirements and to obtain all specified signatures will result in a failing grade; a grade of Unsatisfactory (U) being recorded.

Start of Internship Signatures:

Student	Date	Immediate Supervisor	Date
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COAST PSM Program Coordinator	Date	SMAST Dean	Date
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End of Internship Signatures (Indicating successful internship completion):

Student	Date	Immediate Supervisor	Date
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COAST PSM Program Coordinator	Date	SMAST Dean	Date
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APPROVAL BY:

COAST PSM Program Coordinator	Date	SMAST Dean	Date
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