



Internship Approval Form

Computer Science

Student's Name: _____

Commodore ID: _____

Degree: Ph.D. M.Sc.

Last Date on Campus: _____

Date Returning to Campus: _____

International Students: Please remember that you must be in communication
with ISSS regarding your internship details.

Ph.D. Students Only

By signing below, I confirm that the dates noted above are the dates that this student should be terminated from and re-established on payroll, respectively.

Advisor Signature: _____

Student Signature: _____