

Fall/Spring Internship Leave Approval Form

INSTRUCTIONS: This form should be completed by graduate students who (1) seek permission to participate in a fall or spring semester internship; (2) seek permission to be excused from their assistantship (if applicable) for one semester to participate in a fall or spring internship; (3) want to continue their Graduate Student Assistant (GSA) health insurance coverage (if applicable) during the fall or spring internship; and/or (4) seek financial support from their department for (GSA) student health insurance during the fall or spring internship. To be eligible, students must:

- 1. Complete this form and attach evidence of an internship offer
- 2. Obtain faculty advisor approval in advance of the internship (as noted by signature below)
- 3. Obtain program/departmental approval in advance (as noted by signatures below)
- 4. International students in F-1 and J-1 visa status must consult with the Office of International Programs for employment authorization. International Programs must sign off on this request. (See bottom of form)

Submit signed form to the Graduate School as soon as the fall or spring internship is arranged, but no later than 1 week before the beginning of the internship semester. See Graduate School Policies and Procedures, Chapter 5, section on Internship Leave, for more information. If you have questions please contact the Graduate School Admissions staff at (509) 335-1446. Fax (509) 335-1949.

Student Information						
Student Name			WSU ID #	Department		
Program	Phone		Email	Visa Status (if applicable)		
Current financial support	RA	TA PA	Fellowship	Internship Semester/Year:	Fall	Spring
Health Insurance						
Do you want to continue health insurance coverage while on the internship? Yes No (International students must carry health insurance during their internship)						
Who will assume full financial responsibility for the cost of the health insurance? Student Department						
unless my faculty advisor and with health insurance deadlin	he GSA stude d program ch		cover this cost (see be	to assume full financial responsib Plow). I understand that any plan		-
Student Signature			Date			
Department, please complete the information below: Faculty advisor and program/department chair approval (check all that apply):						
2. If appointed to an i	nternship, th	e student has	s permission to leave	ester internship noted above. the assistantship position for on er the internship is over.	e semeste	er to participate in the
3. The program/depar Please complete the	_			nsurance cost for the fall or spri	ng semest	er that the student is an intern.
Faculty Advisor Signature/Da	te		 Progra	am Chair Signature/Date		
For Official Use Only						
International Programs App	proval/Date			Graduate School Approval,	/Date	