

Appendix 1. Current Graduate Student Agreement Form

To all signatories of this form: There is no requirement that you sign this form. Each party must determine the appropriateness and merit of the proposed internship.

- **Graduate Student:** By signing this form, you agree to adhere to the requirements of the GSICE program and your internship, and, if necessary, to purchase health insurance for the quarter you are on your internship.
- **Graduate Thesis Advisor:** By signing this form, you agree that you have discussed the internship with the student, and give your approval for the student to pursue the internship.
- **Graduate Program Director:** By signing this form, you agree that you have discussed the internship with the student, and give your approval for the student to pursue the internship.
- **Graduate Program Coordinator:** By signing this form, you agree that you have: 1) discussed the internship with the student; 2) confirmed that the student is in good-standing with the graduate program; and, 3) agreed to allow the student to pursue the internship. If pertinent, you and the student discussed any logistical details regarding any of the following (*not an inclusive list*): funding, leave of absence, on-going program responsibilities, etc.

Please check **one** of the following boxes:

This is a PART-TIME internship.
The total hours of this position do not exceed 25% of the student's full-time, primary appointment at UCSF.

This is a FULL-TIME Internship.
The total hours for this position exceed 25% of the student's full-time, primary appointment at UCSF..

If graduate funding will be deferred during the internship, indicate the dates during which funding will be paused:

 Name of Internship Organization

 Dates of Internship

 Name of Internship Supervisor

 Supervisor Contact Email or Phone

 Name of Graduate Program

I consent to this experiential learning opportunity.

| | | |
|----------------------------|-------------------------------|------|
| Graduate Student Signature | Graduate Student Printed Name | Date |
|----------------------------|-------------------------------|------|

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|-----------------------------------|--------------------------------------|------|
| Graduate Thesis Advisor Signature | Graduate Thesis Advisor Printed Name | Date |
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| Graduate Program Director Signature | Graduate Program Director Printed Name | Date |
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| | | |
|--|---|------|
| Graduate Program Coordinator Signature | Graduate Program Coordinator Printed Name | Date |
|--|---|------|

For Office Use Only:

| | |
|---------------|-----------------------|
| Date Received | Initials of Recipient |
|---------------|-----------------------|

Check one:

| | |
|--|--|
| <input type="checkbox"/> This is the original. | <input type="checkbox"/> This is a copy. |
|--|--|

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