



# Northeastern University

## College of Engineering

Graduate School of Engineering  
130 Snell Engineering Center  
Northeastern University  
360 Huntington Avenue  
Boston, Massachusetts 02115-5000

Phone: 617.373.2711  
Fax: 617.373.2571  
Web: <http://www.coe.neu.edu/graduate-school/graduate-student-services>

### PhD Internship Request

#### PART I. To be completed by the Student:

Name: \_\_\_\_\_ NU ID: \_\_\_\_\_  
Last or Family Name First or Given Name

Current PhD Program: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Will you require CPT authorization for this Internship?  Yes  No

(If yes, you will need to submit the OGS CPT Authorization Request Form to [coe-gradadvising@northeastern.edu](mailto:coe-gradadvising@northeastern.edu))

Is the internship:  Full time (40 hours/wk)  Part time (20 hours or less/wk)

Is the Internship Remote?  Yes  No Are You Requesting Internship in Your Final Semester?  Yes  No

Name of the Company: \_\_\_\_\_

Physical Address of Company: \_\_\_\_\_

(Even if Internship is remote, please type the address of the company)

Name of Site Supervisor at Company: \_\_\_\_\_

Duration of Internship: \_\_\_\_\_  
Start Date End Date

#### Instructions:

##### STUDENT:

1. Attach a copy of the offer letter or other official proof of internship on company letterhead.
2. If you're an international student, complete the OGS CPT Authorization Request Form.

##### DISSERTATION ADVISOR:

Attach to this form a letter describing how the internship is integral to the student's dissertation research. The letter must be on department letterhead and signed.

##### REGISTRATION REQUIREMENT:

If the internship is full-time, please submit registration request for ENGR 9700. If the internship is part-time, please submit registration request for ENGR 9702.

**PART II. To be completed by the Dissertation Advisor:**

Recommendation:  Approved  Denied

Comments:

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Title:  
Email:

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**PART III. To be completed by the Graduate School of Engineering:**

Recommendation:  Approved  Denied

Comments:

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Title:  
Email:

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