



International Research Internship Program (IRIP) Approval Form

Student Information

To be completed by student.

Last name: _____ First name: _____ Middle Initial: _____

Home University: _____

Year in school (prior to start of this internship): Sophomore Junior Senior Graduate student

Please describe if the academic years of the student's home institution are not consistent with the U.S. educational system:

Class and Internship Date Information

To be completed in consultation with the department coordinator.

Independent study course number and section (ex. MAE 4900 RSC 701): _____

Number of credits (required minimum of 12 credits in Fall/Spring and 6 credits in Summer): _____

Start date of internship: _____ End date of internship: _____

(Internship start and end dates must align with the term start and end dates)

Cornell Department & Faculty Research Information

To be completed in consultation with the department coordinator and faculty member.

Academic department: _____

School/College associate with department: _____

Dept. Coordinator name: _____ netID: _____ Phone #: _____

Faculty member's name: _____ netID: _____

Lab name/office location in which student will work: _____

Describe research work and nature of supervision: _____

Financial Information

To be completed by student, department coordinator, or faculty member.

Source of funds to pay administrative fee (select one):

Student Cornell dept., account # _____ Faculty member, account # _____

Approvals

Signatures acknowledge that the student has been appointed as a Research Intern and meets the eligibility criteria to participate in the International Research Internship Program.

Faculty member's approval: _____

Director's/Chair's approval: _____

Dean's or Designee's approval: _____

Please submit completed form to cusce@cornell.edu or in person at B20 Day Hall.