KU Medical Center Mail Stop 3033, 3901 Rainbow Blvd., Kansas City, KS 66160

International Programs

Internship Approval Form

The Student Intern is a foreign national enrolled in and pursing a degree at an accredited post-secondary academic institution outside the United States and is participating in a student internship program in the United States that will fulfill the educational objectives for her/his current degree program at her/his home institution.

The home institution should complete this form and send it directly to:
KUMC International Programs
3901 Rainbow Blvd., Mail Stop 3033
Kansas City KS 66160

Student family name:_____ Given name:_____

The student is enrolled in and pursuing what level of degree in the field of: _____

Is your institution an accredited postsecondary academic institution? ◯ Yes ◯ No

What is the anticipated date of degree completion? _____

Is the student currently in good standing? ◯ Yes ◯ No: Explain_____

The student's coursework is taught in which language? _____

Will the internship at the University of Kansas Medical Center fulfill an educational objective for the student's current degree program at the home institution? ◯ Yes ◯ No: Explain_____

What is the stated educational objective the internship will fulfill: _____
_____
_____
_____

Will the student return to your institution to complete the degree? ◯ Yes ◯ No: Explain_____

Proposed program dates for the internship: _____ to _____
MM/DD/YY) (MM/DD/YY)

A student may participate in an internship with or without compensation. However, to be employed, the student needs the approval of the student's home institution's dean or academic advisor.

Do you approve of KUMC campus based employment for the student? ◯ Yes ◯ No

I certify that the information provided in this form is factual. I approve of the student's placement and participation in an internship at the University of Kansas Medical Center.

Academic Advisor	Academic Dean
Signature _____ Date_____	Signature_____ Date_____
Printed Name_____	Printed Name_____
Title_____	Title_____
Phone number_____	Phone Number_____
Email Address_____	Email Address_____