

School of Mathematics and Statistics
Research Internship Approval Form for MATH 5906

Requirements:

- ☐ Permission from your Graduate Supervisor
- ☐ Permission from the Internship Coordinator – Prof. Ahmed Almaskut: AhmedAlmaskut@cunet.carleton.ca
- ☐ Permission from the Graduate Director
- ☐ Registration in MATH 5906 (Submit Override Request form in Carleton Central)

Name:		Student ID:	
--------------	--	--------------------	--

Program:	
Academic Year and Term:	

Work Placement:

Company:	
Address:	
Supervisor:	
Position:	
Description:	

Approvals:

As this student's graduate supervisor, I agree to co-supervise this internship with the workplace supervisor and to grade this internship.		Date:
Graduate Supervisor: _____		
Internship Coordinator:		Date:
Graduate Director:		Date:

Office Use:

CRN:		Section:	
------	--	----------	--