

## School of Mathematics and Statistics

### Statistical Internship Approval Form for STAT 5904

**Requirements:**

- Permission from your Graduate Supervisor
- Permission from the Internship Coordinator – Dr. Shirley Mills Email: [smills@math.carleton.ca](mailto:smills@math.carleton.ca)
- Permission from the Graduate Director
- Registration in STAT 5904 (Submit Override Request form in Carleton Central)

Name:	
Student Number:	
Program:	
Academic Year and Term:	
Position:	
Description:	

As this student's graduate supervisor, I agree to co-supervise this internship with the workplace supervisor and to grade this internship.

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Graduate Supervisor

\_\_\_\_\_

Date

**Work Placement:**

Company:	
Address:	
Supervisor:	
Email:	

**Approvals:**

Internship Coordinator:		Date:	
Graduate Director:		Date:	

**Office Use:**

CRN:		Section:	
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