

Confidential Declaration Form

Supervisors must complete this form if their graduate student is accepted and approved for an Industrial Internship placement. This form must be submitted to the graduate office of their schools.

Please complete the below:

Name of Academic Senior Supervisor:	School Name:
Name of the Industrial Supervisor:	Contact info:
Name of Graduate Student:	Graduate Student ID:
Graduate Student Internship Duration:	Graduate Program:
Name and Full Address of Company/Research Institute where the Industrial Internship will take place:	

Please select one:

I do not have an affiliation (financial or otherwise) with the above organizations

I have/had an affiliation (financial or otherwise) with the above organization.

Complete the sections below that is applicable or during the past two (2) calendar year and including current year.
