



2020 – 2021 Academic Year

**EARTH SYSTEMS PROGRAM
INTERNSHIP PROPOSAL AND REQUEST FOR APPROVAL**

This form should be used to request approval for an internship that you have secured to count for your Earth Systems internship requirement. *Note: you should request approval for your internship prior to starting work by doing the following:*

- Visit the Earth Systems website to learn more about the internship requirements: <https://earth.stanford.edu/esys/earth-systems-internship>
- Complete this form with all relevant information about your proposed internship.
- Turn in this form to Anahid Babekian via e-mail (anahids@stanford.edu) or in person (Y2E2, Room 127). Once your internship has been approved, you will be notified by Suki Hoagland.

Student name: _____ **E-mail address:** _____

Earth Systems Track: _____ **Date:** _____

If there are questions about your proposal, Earth Systems will contact you for clarification.

PLEASE PROVIDE THE NAME, LOCATION, AND BACKGROUND INFORMATION ON THE GROUP/COMPANY/PROGRAM WITH WHOM YOU PLAN TO WORK:

WILL YOU BE PARTICIPATING IN AN ORGANIZED FELLOWSHIP/INTERNSHIP PROGRAM (SUCH AS A MAP FELLOWSHIP, THE SESUR PROGRAM, SIW, ETC.):

WHAT ARE THE APPROXIMATE DATES AND TIME COMMITMENT FOR YOUR INTERHSIP? (PLEASE NOTE THAT THE ES INTERNSHIP REQUIRES A MINIMUM OF 270 HOURS.)

WILL YOU BE PARTICIPATING IN ANY INTERNATIONAL TRAVEL AS A PART OF YOUR INTERNSHIP? (IF SO, PLEASE NOTE THAT YOU MUST COMPLETE THE INTERNATIONAL TRAVEL REGISTRY THROUGH THE OFFICE OF INTERNATIONAL AFFAIRS [HTTPS://INTERNATIONAL.STANFORD.EDU](https://international.stanford.edu))

WHO WILL BE YOUR MENTOR/SUPERVISOR FOR YOUR INTERNSHIP AND WHAT IS THE ROLE OF YOUR MENTOR IN THE ORGANIZATION? THIS IS TYPICALLY THE PERSON OVERSEEING YOUR WORK AND/OR THE PERSON YOU WILL BE REPORTING.



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WHAT IS THE FOCUS OF YOUR INTERNSHIP AND HOW IS IT RELEVANT TO YOUR EARTH SYSTEMS INTERESTS?

SPECIFICALLY, WHAT WILL YOUR RESPONSIBILITIES BE AND HOW DO YOU INTEND TO CARRY THEM OUT?

HOW WILL YOUR WORK CONTRIBUTE TO THE OVERALL MISSION OF YOUR ORGANIZATION?

STUDENT:

Signature: _____ Date: _____

ES APPROVAL:

Printed name: _____

Signature: _____ Date: _____