

COLLEGE OF ENGINEERING
UNIVERSITY OF WISCONSIN-MADISON

Graduate Student Off-campus Internship/Work Form

Please complete this form if you will be off-campus for one month or more. Return form to Department Payroll Coordinator

Name: _____

E-mail address during internship: _____

Internship location:

Company/institution: _____

Address: _____

Internship supervisor: _____

Telephone: _____ FAX: _____

E-mail: _____

Last day on payroll: ____/____/____ Back on payroll: ____/____/____

Title of project/internship (Brief description of anticipated duties):

I will be paid by

above company/institution

my advisor: _____

I will have health insurance coverage with

above company/institution

University of Wisconsin-Madison

N/A (other)

Check one:

I understand my health insurance will remain active while I am away, and premiums will be deducted out of the payroll(s) leading up to my departure.

I understand my health insurance will remain active while I am away. I will provide a check to cover premiums due while I am away.

N/A: _____

Advisor authorization for internship _____

Student authorization _____