



## Internship Intent Form

### Intern Section

I have read and understand the requirements of the Delta Internship Program. I realize that this program will be pursued in addition to the continued pursuit of my regular graduate degree requirements.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intern Name (printed)

### Research Advisor Section

I understand the requirements of the Delta Internship Program. I realize that this program will be pursued in addition to the continued pursuit of my student's regular graduate degree requirements and I support her/his involvement in the program.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Name (printed)

### **SUBMISSION PROCESS**

You have three options for submitting this form:

**Mail to:**

Delta Program  
c/o 284 Russell Labs Mailroom  
1630 Linden Drive  
Madison, WI 53706

**Deliver to:**

Delta Program  
Science House  
1645 Linden Drive  
Madison, WI 53706

**E-mail to:**

internship@delta.wisc.edu