

Appendix 2: Graduated Student Agreement Form

Graduate Student: By signing this form, you agree to adhere to the requirements of the GSICE program and your internship, and, if necessary, to purchase health insurance for time you are on your internship.

I consent to this experiential learning opportunity.

Graduate Student Signature

Graduate Student Printed Name

Date

Name of Graduate Program

Graduate Thesis Advisor Name

UCSF Start and, *if applicable*, End Date

UCSF Graduation Date

Final Awarded Degree

If you took any leave of absence during your training at UCSF, please indicate the dates below:

For Office Use Only:

Date Received

Initials of Recipient

Check one:

This is the original.

This is a copy.

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