



Mentor Approval Form

Section one and two must be completed each academic year, and on file in the Career Development Center, prior to submitting an application for an internship (on and off campus) or CDC funding opportunity.

SECTION ONE

Student Information

University ID _____ Net ID _____ UAE Phone _____

Name _____
Last/Family Name First/Given Name

Student Agreement

I understand that a change in my student status can affect the terms of my internship and CDC funding eligibility. If my student status changes during my internship at NYUAD, I will inform my supervisor, academic mentor, and the Career Development Center.

Student Signature _____ Date _____

If 17 years of age or below, Dean of Students Approval is required _____

SECTION TWO

Academic Mentor Approval

Academic Mentor Note: All students require approval from their academic mentor prior to submitting an application for an internship (on or off campus) or to CDC funding opportunities.

The student named herein meets the academic requirement (3.0 GPA) and/or I approve the their participation in an internship or CDC funding program for the indicated academic year.

Academic Year _____

Academic Mentor Name _____ Date _____

Academic Mentor Signature _____