

Approval for Off-Campus Employment by Doctoral Students

This form will be used to evaluate requests for cooperative education participation by doctoral students or for post-completion practical training. The latest graduate cooperative education policy statement will be consulted.

Name: _____ **NJIT ID:** _____
Last First

Program: _____ **E-mail:** _____

Department: _____ **Date:** _____

What time period is of interest for off-campus employment? _____

Is this request for pre-completion practical training and/or cooperative education participation? Yes No

Is this request for post-completion practical training? Yes No

DOCTORAL PROGRAM DIRECTOR, PLEASE COMPLETE THE SECTION BELOW:

What Doctoral Program milestones have been achieved by this student?

- Completed Course Work
- Passed Qualifying Exams
- Passed Research Proposal Defense
- Doctoral Committee formed
- Preparing Final Dissertation Defense
- Passed Dissertation Defense

Is the student currently receiving any NJIT-related support (internal or external)? Yes No

Student is expected to complete Program: Aug 20__ Jan 20__ May 20__

Doctoral Program Director

Name: _____ **Phone #:** _____

Signature: _____ **Date:** _____

Do you approve this request? Yes No

Comments: _____

Dissertation Advisor

Name: _____ **Phone #:** _____

Signature: _____ **Date:** _____

Do you approve this request? Yes No

Comments: _____

Graduate Studies Approval: _____
Signature Date