INTERNATIONAL INTERNSHIP IN MATERIALS APPLICATION
For International Students coming to Penn State

Contact Information

Name _____________________________
Home address_______________________________________
University address ________________________________________
Phone number__________________ Email address________________________

Academic Information

Academic Area of Study _________________________________
Grade Point Average__________ Semester Standing_________________________________________
Research Areas of Interest________________________________________
Home Academic Advisor________________________________________
Home Research Advisor________________________________________

Preferred semester and dates of participation

Fall 20_______  Spring 20_______

Applicant Signature_____________________________________
Home Academic Advisor Signature________________________
INTERNATIONAL INTERNSHIP IN MATERIALS APPLICATION

Submit a 1-2 page typed application describing why you want to participate in MatSE’s IIM program. In the application address the following questions.

- Why do you want to participate in the IIM program?
- What outcomes do you expect as a potential participant?
- What experience do you have working in a university/industry laboratory setting?
- What experiences do you have in international travel beyond vacations?
- How would you rate your skill in written, reading and spoken English?
- What is your plan to support housing, food and travel costs?
- List the names of two people with their contact information who can address your suitability for international travel, language proficiency, research experience (if known), and overall fit for the program.

Submit application electronically to:

Jennifer Sunderland, IIM Program Coordinator
The Pennsylvania State University
124 Steidle Building
University Park, PA 16802
jms885@psu.edu

For Departmental Use Only:

Date Received: ___________________________
Accepted/Declined__________________________________________
IIM Advisor at Penn State:_____________________________________
Safety Exam Completed (Date Upon Arrival):____________
Comments:__________________________________________________
Signature of approval from Dr. Gary L. Messing:________________________