



# UNC ImPACT

## Immersion Program to Advance Career Training Faculty Mentor Consent Form

**Faculty Mentor Name:** \_\_\_\_\_

**Name of Intern Applicant:** \_\_\_\_\_

**Faculty Consent:**

I give permission for the trainee in my laboratory listed above to participate as a paid intern outside of my laboratory for a period of 160 hours. I understand that the intern host with whom they may be matched\* may prefer a 4-week, full-time internship or a part time, multi-month arrangement.

**Additional Stipulations:**

Please use this space to describe any stipulations that must be met before the internship begins.

**Note on funding of interns:**

Faculty mentors are not expected to pay their trainees for the time that they are in the internship. The Office of Graduate Education will coordinate with your department finance and HR contacts to move the trainee's stipend/salary to another source for the time corresponding to the internship. The trainee's take home pay during the internship period will not change during the internship.

**Faculty Mentor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*Please note that this form is part of the internal application process and does not guarantee that your trainee will be chosen for an internship.

If you have any questions please contact Dr. Patrick Brandt, ImPACT Director, at 919.843.9342 or [pdb@unc.edu](mailto:pdb@unc.edu).