**Advisor’s Consent to apply for a SPIR internship/project opportunity**

I, hereby, give permission to my student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whom I am currently advising for his/her thesis research or am financially supporting him/her on a project, to apply for a SPIR position.

Signature:

Date:

Full Name:

**Additional Comments:**

If you want to impose additional constraints on the consent, please indicate below; leave blank if no conditions:

Number of hours per week allowed:

Number of days per week allowed:

Period of time allowed (summer, winter, academic semester, year):