

**Memorandum of Understanding for *BME EDGE* Internship Program**

This Memorandum of Understanding is made between \_\_\_\_\_ (the “PhD Student”) and \_\_\_\_\_ (the “Primary Research Advisor”), collectively known as the “Parties”, and sets forth the general terms and conditions of the Parties’ agreement to allow the PhD student to participate in an extramural internship. This memorandum contains provisions of understanding between the PhD student and the Primary Research Advisor. This MOU does not impose any legal obligations on either of the Parties.

We agree to the following:

**1. INTERNSHIP**

The PhD Student may participate in an extramural internship in any of the following: Academia, Government, Consulting, or Industry as an opportunity to gain valuable experience relevant to his/her field of study or potential career path.

The Primary Research Advisor will allow the PhD student to participate in the extramural internship for the agreed upon period of time (below) without expectation to provide financial support for the PhD Student for the duration of the internship.

**2. TIMING**

The proposed internship may take place during \_\_\_\_\_ and last for a period of up to \_\_\_\_\_ months. Following the internship, the Parties will resume the research and financial arrangements in place prior to the internship.

**3. CONTINGENCIES**

We agree that the PhD Student will complete the following deliverables prior to beginning the internship: (examples: completion of Doctoral Board Oral (DBO) examination, thesis proposal, submission of manuscript):

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We agree the foregoing terms and conditions are acceptable as indicated by the signatures below and returning it to *BME EDGE* at [bme.edge@jhu.edu](mailto:bme.edge@jhu.edu). Signatures imply intention of the Parties to execute the Proposal in full faith should contingencies be fully addressed in a timely manner.

**PhD Student Name:**  
Matriculation Year:

Signature:  
Date of DBO (if successful):

**Primary Research Advisor Name:**  
Department:

Signature:  
Date:

**Reviewed by the BME department chair**

Signature:  
Date: