

DEPARTMENT OF ART
ART 408 / ART 418

INTERNSHIP CONTRACT

BEGINNING DATE OF INTERNSHIP _____

COMPLETION DATE OF INTERNSHIP _____

Proposed internship contract should be submitted and sign by your Faculty Sponsor and turned into the Internship coordinator Bill Deering for final review by the times indicated in the overview prior to the internship.

STUDENT'S NAME _____ **EMAIL** _____

FACULTY SPONSOR _____

FACULTY SPONSOR'S SIGNATURE _____ **DATE** _____

INTERN SPONSOR _____

COMPANY, ORGANIZATION _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **COUNTRY** _____

PHONE _____ **EMAIL** _____

DESCRIPTION OF INTERNSHIP AND LEARNING OBJECTIVES

In signing this application I acknowledge that I understand the requirements.

STUDENT'S SIGNATURE _____ **DATE** _____