

Alfred University

McComsey Career Development Center Experiential Education Program

ART & DESIGN INTERNSHIP PROPOSAL

STUDENT INFORMATION

Student Last Name, First Name _____ Fall Spring Summer Year: _____
Date of Internship _____

Major/Career Emphasis _____ Academic Advisor _____

SCHOOL ADDRESS

RESIDENCE DURING INTERNSHIP

Street (PCC Box) _____ Street (PO Box) _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone _____ Email _____ Telephone _____ Email _____

INTERNSHIP SITE INFORMATION

Name of Organization _____ Site Supervisor _____

Address _____ Email _____

City _____ State _____ Zip _____ Telephone _____ Fax _____

LEARNING OBJECTIVES

Develop a learning objective for each of the following areas: **Knowledge, Skills, and Attitudes/Values** (to be completed by the student)

1. _____
2. _____
3. _____

SITE ACTIVITIES AND RESPONSIBILITIES OF THE INTERN

(A description of the internship may be attached for further information.)

FOR OFFICE USE ONLY

____ Entered into Career Office

____ Entered into Database

____ Contacted Site Supervisor

____ Copied/Sent to Advisor

Date Sent: _____

ACADEMIC CREDIT**

Please choose one

- Not seeking credit
- Internship (ART 385)

Number of credit hours: _____ (up to 4)

Faculty Advisor (please print)

Department

ASSIGNMENTS TO FULFILL (FACULTY MUST PROVIDE THIS INFORMATION)

Description: _____ Due Date: _____

****Credit must be agreed upon in advance with a faculty member. Students seeking credit are strongly encouraged to see Beth Whritenour in the Dean's Office to discuss dates and procedures for registration.**

INTERNSHIP INFORMATION

Start Date _____ End Date _____

Hours/Week _____ Total Hours _____

- Paid \$ _____ /hour
- Unpaid
- Stipend \$ _____

Other Compensation (housing provided, travel allowance, tuition reimbursement, etc.)

I have been informed of my responsibilities and understand that I am responsible for seeking approval from faculty for this internship, and for registering the approved course with the Student Services Center if seeking credit.

Release of Information: By signing below, I authorize the release of information (e.g. GPA, transcript) to prospective employers for the purpose of arranging an internship assignment. I authorize the release of information regarding my experience (e.g. final learning reports & evaluations) to employers, Alfred University faculty/staff members, parents or guardian(s), spouse, and other recipients.

Student Signature

Date

By signing below, I am indicating that I have reviewed and approve this internship proposal.

Site Supervisor Signature

Date

Career Center Staff

Date

Internship Faculty Signature (required if for credit)

Date

Faculty Advisor Signature (if different from Internship Faculty)

Date

Original goes to CDC; copies will be sent to Art Office, Internship Faculty, Student and Site Supervisor.