

**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**

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

**STUDENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_