



DIVISION OF FILM AND MEDIA ARTS
MEADOWS SCHOOL OF THE ARTS

INTERNSHIP AGREEMENT FORM

This form is to be completed by the student and signed by the prospective employer. This form may only be completed *after* the student has received approvals from his/her Internship Coordinator to do this internship for credit.

CONTACT INFORMATION

Student Name

Student Telephone

Company/Agency/Organization Name

Address (Street, City, State and Zip code)

Supervisor Name

Supervisor Telephone

Please describe the job requirements and duties below (attach additional sheets if necessary):

PROPOSED START DATE: __/__/____ **PROPOSED END DATE:** __/__/____

PROPOSED WEEKLY HOURS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	OTHER	TOTAL

ESTIMATED TOTAL WORK HOURS BY COMPLETION OF INTERNSHIP:

The student intern must submit this agreement (signed by the student *and* employer) to the Internship Coordinator within a week after employment begins, and should also return a copy to his/her supervisor.

The undersigned have read and agreed to all the conditions set forth.

Student signature

Date

Supervisor Signature

Date