Division of Film and Media Arts
Meadows School of the Arts

INTERNSHIP APPROVAL FORM

Intern contact information

_____ _____
Name *Major*

_____ _____
SMU ID *E-Mail Address (@mail.smu.edu)*

_____ _____
Local Telephone Number *Faculty Advisor*

PROPOSED INTERNSHIP

_____ _____
Company or Organization *Start Date*

_____ _____
Internship Location (City, State or Country) *End Date*

Outline of job requirements and duties:

Semester of registration, and amount of course credit to be taken:

☐ Summer ☐ Spring ☐ Fall

☐ 50 hours (1 credit hour) Course Prefix: FILM_____
☐ 100 hours (2 credit hours) Credit Hours: _____
☐ 150 hours (3 credit hours) Faculty P#: P_____

_____ _____
Student Signature *Date* *Internship Coordinator Signature* *Date*