CORCORAN COLLEGE OF ART + DESIGN UNDERGRADUATE INTERNSHIP CONTRACT

Please complete the following information and the attached Internship Description and Goals form. The student is responsible for obtaining the approval signatures from the department chair or program director, as well as the internship supervisor, prior to submitting these forms to the Office of Student Affairs. **If seeking academic internship credit, the student must also obtain approval from the Chair of the Arts and Humanities department.** A copy of this paperwork will be made for the student and must be submitted along with the appropriate registration form to the Office of the Registrar in order to receive credit.

STUDENT INFORMATION

Student Name:	S	tudent Email:		@corcoran.edu
Alternate Email:		Student Phone Number:		
Please Check One: □ BFA □BA	□BFA/MAT Major:			
COMPANY INFORMATION				
Company/Employer Name:				
Company Address:				
Supervisor Name:		Supervisor Title:		
Supervisor Phone:	Super	visor Email:		
Company Description:				
INTERNSHIP INFORMATION	4			
Start Date:	End Date:	Paid	🗆 Unpaid	
Number of hours per week:	Hourly wage or stip	pend:		
STUDENT SIGNATURE			DATE	
SUPERVISOR SIGNATURE			DATE	
DEPARTMENT CHAIR/PROGRAM I		DATE		

CORCORAN COLLEGE OF ART + DESIGN INTERNSHIP DESCRIPTION AND GOALS

DESCRIBE YOUR ACTIVITIES, DUTIES, AND RESPONSIBILITIES: (Please be specific. You may attach a position description.)

WHAT SKILLS/QUALIFICATIONS ARE NEEDED FOR THIS INTERNSHIP?

WHAT SKILLS OF EXPERIENCE DO YOU EXPECT TO GAIN FROM YOUR INTERNSHIP?

WHAT DO YOU THINK WILL BE THE MOST VALUABLE ASPECT OF YOUR INTERNSHIP EXPERIENCE IN RELATION TO YOUR COURSEWORK AND/OR CAREER?

DATE RECEIVED BY THE OFFICE OF STUDENT AFFAIRS:______