SCHOOL OF THE ARTS - INTERNSHIP CONTRACT

Student Name______________________________________________ Major_____________________

Local Address_______________________________________________ Minor_____________________

Phone____________________________ Email ______________________________________________

College_________________________________ Class_______________ Student ID# 95-_____________

Check One: ____ ARTS/DNCE/THD 3991 - Field Experience Internship (1-3 credits; minimum junior-level Studio Art or Art Education majors; elective).

____ ARTH 3991 - Field Experience Internship (1-3 credits; minimum junior-level Art History majors, up to 3 credits may count toward requirements for the Art History major).

Internship Location____________________________________________ Semester/Year____________

UVM SOA Faculty Sponsor __________________ ________________________________

Name, Title, and Phone Number of On-Site Internship Supervisor ________________________________
_____________________________________________________________________________________

On-site Internship Supervisor:
Fill out below, a description of the proposed internship position.

Describe the type of work to be undertaken.

Describe the working schedule of this internship.

Explain how, by whom, and on what basis the results of the internship will be evaluated.

Student:
Describe what you hope to achieve as a result of this internship experience.

Describe previous course work and other experiences which give evidence of your preparation for this project.
Present this contract, along with the statement outlined above, for approval and signature in this order: 1) UVM SOA faculty sponsor, 2) on-site supervisor, and 3) to the Associate Director for Student Success, School of the Arts. After obtaining all necessary signatures, return the signed contract and the project description to the Associate Director. Failure to complete and submit the contract during the pre-enrollment period for the project semester may result in denial of registration in the internship course.

I agree to confer __________ (number of conferences--must be at least 4) times during the semester with my faculty sponsor to review my progress and to discuss any changes in the original plan. I understand that in cases where the expectations about the nature of the internship are altered during the course of the semester, to the satisfaction of both the student and the faculty sponsor, a modified contract must be submitted to the departmental office so that the new expectations will be on file at the time of the final evaluation. Such modifications must be filed no later than the end of the seventh week of classes.

This is the only internship, independent study, teaching assistantship, or undergraduate research that I am undertaking during this semester. ______ (Student Initials)

If more than one, all relevant faculty sponsors should indicate approval by initialing here:

____________  __________  __________  __________  __________  __________

Student Signature _____________________________________________________________________ Date

SCHOOL & SUPERVISOR APPROVAL: SIGN ONLY AFTER YOU HAVE READ AND APPROVED THE ATTACHED DESCRIPTION OF THE PROPOSED INTERNSHIP

Faculty Supervisor Signature ___________________________________________________________ Date

On-Site Supervisor Signature ___________________________________________________________ Date

Associate Director Signature ___________________________________________________________ Date

FINAL EVALUATION:

(To be filled out when the internship has been completed)

Approval of the UVM Dept. of Art & Art History Faculty Sponsor:

__________________________________________________________________________________

Signature __________________________ Date

FINAL GRADE: __________