

ARTS TECHNOLOGY

Professional Practice Internship Contract

ATK 498 Professional Practice Internship
ATK 398 Professional Practice Internship

All paper work must be completed and signed before a clearance can be given!

Name _____ ID# _____

Check one: ATK 398 ATK 498

Session: Fall Spring Summer Year _____ Credit Hours _____

I. Please attach a job description that covers the following points:

- A. A description of the internship
- B. Contact information of agency
- C. On-site supervisor contact information
- D. Dates of Internship
- E. Number of hours to be worked per week
- F. Calendar of bi-weekly check-in dates with faculty supervisor
- G. Return all paperwork to CVA 206A.
- H. REGISTER for the class through iCampus!

II. The on-site supervisor and student agree to write an evaluation for the intern and email it to the faculty supervisor by the following date: _____

Failure to submit an evaluation from both supervisor and student by due date will result in a failing grade!

III On-Site Supervisor's Approval:

I have read the student's description and agree to supervise the internship

On-Site Supervisor Signature: _____

IV. Student's Approval:

I agree to the conditions of the internship

Students Signature: _____

V. Faculty Supervisor's Approval:

I have read the student's description and agree to supervise the internship

Faculty Supervisor Signature: _____