

INTERNSHIP (HISTORY OF ART 299) CONTRACT

1. Name _____
Last
First
Middle

2. Student number: _____

3. Student E-mail address _____

4. Faculty member _____ Section no. _____

5. Term and Year _____

6. Number of credits _____

7. Name and Location of the Internship Experience: _____

8. Nature of the Internship Experience: Attach typed copy of an Abstract of approximately 100 words

9. Objectives of the Project / Nature of the Written Materials to be Submitted -- to be determined jointly by student and faculty member: _____

10. Date(s) for materials to be turned in to the instructor: _____

I fully understand and will abide by the requirements and deadlines for the above course.

Student's signature

Faculty member's signature

Date _____

Date _____

Return this form to Student Services, Room 50 Tappan Hall. An override will be issued within one business day; you can then register for the course through Touch-Tone CRISP. To ensure timely processing, turn in this form at least one business day prior to the Add/Drop deadline.