



INTERNSHIP CONTRACT

Please complete this internship contract **prior to the internship starting date**.
Returned the completed and signed form to the A+AH office.

Student Name:

Panther ID:

Address:

Phone:

E-mail:

ARH 4941 Internship (3CR) or ARH 5940 Internship Experience (3CR)

Institution:

Address:

Supervisor's Name:

Title:

Phone:

E-mail Address:

Brief description of the internship project (duties & responsibilities):

10 Hours per week

Signature of Internship Supervisor:

Date:

Signature of Student:

Date:

Signature of FIU Faculty:

Date:



INTERNSHIP EVALUATION

- | | | |
|----|-------------------------------------|-------------------|
| 1. | Evaluation by supervisor on the job | 50% of the grade |
| 2. | Journal and log | 25% (FIU Faculty) |
| 3. | Final report | 25% (FIU Faculty) |

Internship Supervisor's Evaluation:

Signature :

Date:

Please Return to:

Department of Art + Art History

Florida International University

MM Campus, VH 216D
Miami, FL 33199