

SCHOOL OF FILM AND ANIMATION
FILM AND ANIMATION INTERNSHIP APPLICATION FORM

Date: _____ Semester Applied For: _____

Name: _____ Program/Year: _____

Title of Internship Project: _____

Dates of Employment: _____

Credits (1-4): _____ (1 credit = 90 hours of work.)

Employer Name and Address: _____

Internship Supervisor:

Name: _____ Title: _____

Contact information

Phone: _____ email: _____

Description of Project:

Internship Position:

Learning Goals:

Approval:

Internship Coordinator: _____ Date: _____

Note: This form must be submitted for approval before you begin your internship.
See the information sheet for further information.

Completion of Internship:

- Evaluation letter from supervisor
- Internship report