To: Supervisor at the Internship Site  
From: The School of Art (form to be returned to the School of Art by UNCG intern)

Internship: ______________________________________________________________

Intern Name: ______________________________________________________________

Company Name: ______________________________________________________________

Internship description should include company supervisor’s contact information.

Primary Objectives of Internship:

Duties and Responsibilities:

Staff Interaction and Available Training:

Number of meetings for intern with supervisor during the internship period:

Length of Internship: Start Date: End Date:

Hours per week:

Is this a paid internship? Yes _____ No _____

If yes, please describe the stipend:

Is the internship supervisor willing to evaluate the performance of the intern and write a letter of evaluation at its completion? Yes _____ No _____

Is the student covered under your company’s liability insurance? Yes _____ No _____

Supervisor Signature: ___________________________________________________________