INTERNSHIP PROJECT FOR ART 393, ARH 401 and ARE 369

Purpose of Internship: The purpose of an internship is to give students structured experience with the theoretical concepts and museum/gallery functions. Art Education students enrolled in ARE 369 are expected to work in educational programs that have direct relevance to their course work.

Requirements: An internship requires the completion of a substantive, clearly defined project that will allow students to apply critical, organizational and communication skills and to demonstrate initiative, creative thinking and responsible teamwork in a professional setting. Completion of the internship project will be documented in a form to be agreed on by the student and the UNCG faculty advisor. Students enrolled in the course are also responsible for securing a letter of evaluation from the internship supervisor; the letter should be signed and submitted on letterhead to the UNCG faculty advisor, who will assign a grade.

Name of Intern: ____________________________________________________________________

Student ID #: ____________________________________________________________________

Telephone Number: ____________________________________________________________________

UNCG E-Mail: ____________________________________________________________________

Mailing Address: ____________________________________________________________________

(Please Circle One) ART 393 ARH 401 ARE 369

Course Number (CRN): ___________________________ Semester/Year: ___________________________

Museum/Gallery or Other Job Placement: ____________________________________________________________

*For UNCG Students working in outside non-clinical agencies be sure to submit the “Experiential Learning Agreement” packet in addition to this Internship Project form.

Name and Title of Supervising Staff Member: ____________________________________________________________
Project Title: ____________________________________________________

Project Description:

Specific Responsibilities:

Dates of Internship: ________________________________________________

Schedule for Completion of Project:

Criteria for Evaluation of Project:

Signature of Intern: _________________________________________________ Date: __________

Signature of Intern Supervisor: ______________________________________ Date: __________

Signature of Advisor: _____________________________________________ Date: __________

Signature of Art Director: __________________________________________ Date: __________