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.