|  | | | | | | | | | | | | | | | | ARTHI 141B (off campus) Internship Proposal Application | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: |  | | | | | | | | |  | **PASS / NON-PASS ONLY** | | | | | | | | | | | | | | | | | | | |  | | No. of Units: | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | **UNITS**: Max 4 units/quarter; 12 units total in ARTHI 141B-C-E-F | | | | | | | | | | | | |
| Student Name: | | | |  | | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | Perm Number: | | |  | | |
|  | | | | *Last Name* | | | | | | | | | | | | | | | |  | | *First Name* | | | | | | | |  | |  | | | | | |
| Student Email: | | | |  | | | | | | | | | | | | | | | |  | |  | | | | | | | |  | |  | | | | | |
| Major: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Project Quarter: | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Museum Studies? | | | | | Yes  No | | | | | | | |  | **NOTE:** Four units earned through this course may be applied to the Museum Studies emphasis if completed, but otherwise may **NOT** be applied to the History of Art & Architecture Major/Minor. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected Graduation Date: | | | | | | |  | | | | | | | | | | | | | | | |  | GPA: | |  | | | | | | | | (3.0 Minimum) | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FACULTY SUPERVISOR**: | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | Email: |  | | | | | | | |
| **INTERNSHIP** Site & Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INTERNSHIP SUPERVISOR**: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | |  | | | | | | | | | | | | | | | Phone Number: | | | | | |  | | | | | | | | | | | |
| **Proposal**: Please note the type of work and basic plan, any research involved, and basic contract.  **Minimum Requirements**:  Meet with Faculty Supervisor at the beginning of the quarter and as required  Paper: Journal on internship experience, indicating goals and number of hours worked  Work on site: 3 hours/week/unit (Total: 30 hours/quarter/unit) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Duties: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Note to Internship Supervisor**: Please email a brief evaluation of the intern’s work, indicating whether it was of passing quality, and total hours worked to the instructor at the end of the quarter. Thank you. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Signature: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internship Supervisor Signature: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faculty Internship Supervisor Signature: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Department Chair Signature: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *For Department Use Only* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Add Code: | | |  | | | | | | | | | | | | | |  | Date Given: | | | | | | | |  | | | | | | | | | | | |