

# Alfred University

## McComsey Career Development Center Experiential Education Program

### ART & DESIGN INTERNSHIP PROPOSAL

#### STUDENT INFORMATION

Student Last Name, First Name \_\_\_\_\_  Fall  Spring  Summer Year: \_\_\_\_\_  
Date of Internship \_\_\_\_\_

Major/Career Emphasis \_\_\_\_\_ Academic Advisor \_\_\_\_\_

#### SCHOOL ADDRESS

#### RESIDENCE DURING INTERNSHIP

Street (PCC Box) \_\_\_\_\_ Street (PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

#### INTERNSHIP SITE INFORMATION

Name of Organization \_\_\_\_\_ Site Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

#### LEARNING OBJECTIVES

Develop a learning objective for each of the following areas: **Knowledge, Skills, and Attitudes/Values** (to be completed by the student)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### SITE ACTIVITIES AND RESPONSIBILITIES OF THE INTERN

(A description of the internship may be attached for further information.)

---

---

---

---

---

---

#### FOR OFFICE USE ONLY

\_\_\_\_ Entered into Career Office

\_\_\_\_ Entered into Database

\_\_\_\_ Contacted Site Supervisor

\_\_\_\_ Copied/Sent to Advisor

Date Sent: \_\_\_\_\_

**ACADEMIC CREDIT\*\***

Please choose one

- Not seeking credit
- Internship (ART 385)

Number of credit hours: \_\_\_\_\_ (up to 4)

\_\_\_\_\_  
Faculty Advisor (please print)

\_\_\_\_\_  
Department

**ASSIGNMENTS TO FULFILL (FACULTY MUST PROVIDE THIS INFORMATION)**

Description: \_\_\_\_\_ Due Date: \_\_\_\_\_

**\*\*Credit must be agreed upon in advance with a faculty member. Students seeking credit are strongly encouraged to see Beth Whritenour in the Dean's Office to discuss dates and procedures for registration.**

**INTERNSHIP INFORMATION**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Hours/Week \_\_\_\_\_ Total Hours \_\_\_\_\_

Paid \$ \_\_\_\_\_ /hour

Unpaid

Stipend \$ \_\_\_\_\_

Other Compensation (housing provided, travel allowance, tuition reimbursement, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

I have been informed of my responsibilities and understand that I am responsible for seeking approval from faculty for this internship, and for registering the approved course with the Student Services Center if seeking credit.

**Release of Information:** By signing below, I authorize the release of information (e.g. GPA, transcript) to prospective employers for the purpose of arranging an internship assignment. I authorize the release of information regarding my experience (e.g. final learning reports & evaluations) to employers, Alfred University faculty/staff members, parents or guardian(s), spouse, and other recipients.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**By signing below, I am indicating that I have reviewed and approve this internship proposal.**

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Center Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internship Faculty Signature (required if for credit)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Advisor Signature (if different from Internship Faculty)

\_\_\_\_\_  
Date

**Original goes to CDC; copies will be sent to Art Office, Internship Faculty, Student and Site Supervisor.**