



Professional Internship Confirmation Form

Student must turn both pages of this completed form in via email to cvad.IADS@unt.edu to be enrolled. The form is not complete without all three signatures.

On-site supervisor cannot be the instructor of record.

Is the internship paid or unpaid?

☐ Paid

If paid, what is the hourly rate?

☐ Unpaid

Student/Intern Information (to be completed by student)

Student Name

Student ID#

Student Email

Phone #

Semester and Year of enrollment

By signing you are agreeing that you have met with your academic advisor and are aware of how this internship will be applied in your degree.

Student/Intern Signature

Date

Faculty Information

Instructor of record

Instructor Email

Instructor Signature



On-site Supervisor Information

Name _____ Title _____

Institution/Organization _____

Physical Address

City _____ State _____ Zip Code _____

Phone _____ Email _____

Describe the nature of the assignments given to the intern.

I have agreed to serve as the On-site Supervisor to the student listed. I agree to provide the UNT CVAD Interdisciplinary Art and Design Studies faculty listed above with an evaluation of the intern's performance midway through the internship and a final evaluation at the conclusion of the internship. I agree to provide the student with a minimum of 160 work hours in order to fulfill their course requirement.

Supervisor signature _____ Date _____