



## PROFESSIONAL INTERNSHIP CONFIRMATION FORM

Student must turn both pages of this completed form in via email to [cvad.iads@unt.edu](mailto: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/YEAR OF ENROLLMENT \_\_\_\_\_

In 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:

[Empty text box for describing assignments]

I have agreed to serve as the On-Site Supervisor to the student listed. I agree to provide the UNT 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.

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_