



**Department of Art
Internship Application
ART 4731- 6 Art Department Internship**

Student Name:	T#:
Email:	Phone:

Note: A student should not be considering seeking an internship until after completion of all requirements listed on this form. After completing this form bring it to the Department Head for approval.

- I have completed Sophomore Review
- I have gained approval from my Academic Advisor. (Distance students may include name and email of their academic advisor; a signature will be obtained upon arrival of form.)
 - Academic Advisor Name: _____
 - Email: _____
 - Signature: _____
- Have you decided upon an internship location?
 No ___ Yes, Where: _____
- Have you had discussions with potential internship locations?
 No ___ Yes, Where: _____
- Do you need assistance finding an internship location?
 No ___ Yes ___
- What is your expected Graduation Term? _____
- What term are you applying for internship? _____

Upon receipt of this completed form with satisfactory information, and an acceptable internship site approved, an internship application will be emailed to you. This document may be submitted in person, or emailed to: dward23@atu.edu

For Official Use Only

<ul style="list-style-type: none"> <input type="radio"/> Internship Readiness Approved <input type="radio"/> Internship Site Approved <input type="radio"/> Internship Application Sent <input type="radio"/> Internship Application Submitted Internship Term: _____
