

The Ohio State University
Department of Art Education
Arts Policy and Administration Program

INTERNSHIP DESCRIPTION

Student's Name _____

Internship Site _____

Address _____

Supervisor's Name _____ Phone _____

Supervisor's Title _____

Length of Internship _____ Hours Per Week/Quarter _____

Please describe the intern's duties in detail (administrative, research, development, clerical etc.):

Signature _____ Date _____
Student

Signature _____ Date _____
Intern Supervisor

Signature _____ Date _____
Academic Advisor