

FILM INTERNSHIP

Department of Film, Theatre, and Creative Writing

UNIVERSITY OF CENTRAL ARKANSAS

Conway, Arkansas 72035-0001
(501) 450-3162, Fax: (501) 852-2375

EMPLOYER'S POSITION DESCRIPTION FORM

Please complete and return to Stephen Stanley, SRH Room 202F
sstanley@uca.edu

STUDENT'S NAME: _____

Company Name _____

Mailing Address _____

Worksite Location (if different)

Supervisor's Name _____

Title _____

Phone _____

Fax _____

E-Mail _____

Semester Available: Fall ____ Spring ____ Summer ____

SPECIFIC DUTIES OF INTERN (please provide details): _____

SPECIFIC LEARNING EXPERIENCES THE INTERN WILL RECEIVE (please provide details): _____

HOURS PER WEEK: _____ (120 hours total required) COMPENSATION (if any): _

COURSE BACKGROUND OR SKILLS NEEDED (please be specific): _____

PERSONAL CHARACTERISTICS NEEDED: _____

This portion of the form to be completed by employer after interview if student is accepted as an intern.
Return form to the Department address at the top of the form

Worksite Supervisor's Name: _____ Phone: _____

Worksite Supervisor's Signature: _____

INTERNSHIP APPLICATION – FILM

Department of Film, Theatre, and Creative Writing
University of Central Arkansas

Semester: _____

> INSTRUCTIONS: Entire application must be completed (neatly typed – word document is available upon request), including signature of faculty coordinator, current course history, and resume. Turn in completed package to Internship Coordinator Stephen Stanley, SRH 202F, to submit for Internship Committee approval.

Personal Data:

Student's Name: _____ Student ID # _____

Local Address: _____

Phone: _____ Email: _____

Home Address: _____ Phone: _____

Faculty Coordinator: _____ Academic Adviser: _____

Worksite Company Name: _____

Address: _____

Worksite Supervisor Name: _____ Phone: _____

Email: _____

Academic Record:

MAJOR: _____ MINOR: _____

Major GPA: _____ Overall GPA: _____ Number of credits earned: _____

Expected Graduation Date: _____ Degree: BA _____ or BS _____

Profile (attach additional page if needed):

1. Internship Goal:
2. Special Skills:
3. Activities/Organizations:
4. Interests/Hobbies:

FACULTY INTERNSHIP ADVISER APPROVAL: I agree to act as Faculty Internship Adviser for this Internship including evaluation of worksite and student intern documents.

Faculty Signature: _____
Comments: _____