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 the Internship Coordinator to submit for Internship Committee approval.

Personal Data:	
Student's Name:	Student ID #
Local Address:	
	Email:
Home Address:	Phone:
Faculty Coordinator:	Academic Adviser:
Worksite Company Name:	
Address:	
	Phone:
	Email:
Academic Record:	
MAJOR: Overall GPA:	MINOR (if undergrad):
Major GPA: Overall GPA:	Number of credits earned:
Expected Graduation Date:	Degree: BABSMFA
Profile (attach additional page if needed):	
1. Internship Goal:	
2. Special Skills:	
3. Activities/Organizations:	
4. Interests/Hobbies:	
FACULTY INTERNSHIP ADVISER APPROVAL Internship including evaluation of worksite and st	: I agree to act as Faculty Internship Adviser for this tudent intern documents.
Faculty Signature:	

Comments:

## 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, SRH216 sstanley@uca.edu

STUDENT'S NAME:	-
Company Name  Mailing Address	<u> </u>
Supervisor's Name Title	Phone Fax E-Mail
SPECIFIC DUTIES OF INTERN (please provide of	details):
SPECIFIC <u>LEARNING EXPERIENCES</u> THE INTE	ERN WILL RECEIVE (please providedetails):
HOURS PER WEEK:(120 hours total req	
attach additional page if necessary):	CTERISTICS OR SKILLS NEEDED (please be specific
Worksite Supervisor's Name:	Phone:
Worksite Supervisor's Signature:	