

MAINE COLLEGE OF ART

Internship Contract

Date _____

Semester of Internship _____

STUDENT INFORMATION

Student's Name (please print) _____

Phone _____

Email _____

Current Scholastic Level 1st Year 2nd Year 3rd Year 4th Year

Declared Major (if applicable) _____

Do you have a current Incomplete pending for any course? Yes / No

If Yes, for which course and why? _____

EMPLOYER INFORMATION

Name of Business / Organization _____

Internship Contact Person and Title _____

Mailing Address _____

Phone _____ Email _____

INTERNSHIP INFORMATION

Proposed Dates of Internship:

From _____ To _____

Number of Credits Sought _____ Hours per Week _____

Hourly Wage _____

Requirement which credits are to fill: _____

Julie Smith confirmation _____

Are these credits toward the major? Yes / No *If yes, department chair signature is required.*

SIGNATURES

The individuals signing below agree to enter into and fulfill their specific roles in an internship between the MECA student named above and the organization also named above. The terms governing this internship contract are specified on the MECA Internship Contract Terms page. By signing this contract the student agrees to pay the \$75 Administrative Fee which will appear on the semester bill.

Student _____ Date _____

Employer Supervisor (Print) _____
(Sign) _____ Date _____

Faculty Sponsor (Print) _____
(Sign) _____ Date _____

Academic Advising (Print) _____
(Sign) _____ Date _____

If a majors class, signature of Department Chair _____

Internship Coordinator (Sign) _____ Date _____

----- **ADMINISTRATIVE USE ONLY. DO NOT WRITE BELOW THIS LINE** -----

Assistant Dean of the College _____ Date _____