

## FILM 395 Internship Application

Student Name:

Student Number:

Student E-mail:

Year of Study: 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐

Term you wish to take FILM 395: Fall ☐ Winter ☐ Summer ☐

Company hosting Internship:

Description of Internship:

Start Date:

End Date:

Company Address:

Phone Number:

Supervisor's Name:

Supervisor's E-mail:

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I have read this internship proposal and I agree to supervise the above student.

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Supervisor's Signature

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Date

Please have supervisor sign and date and return to Gary Kibbins at [undergraduatefilm@queensu.ca](mailto:undergraduatefilm@queensu.ca) with application.

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Applicant's Signature

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Date

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