

MAPP 395 Internship Application

Student Name:

Student Number:

Student E-mail:

Year of Study: 2nd 3rd 4th 5th

Term you wish to take MAPP 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:

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

Supervisor's Signature

Date

Please have supervisor sign and date and return to Gary Kibbins at undergraduatefilm@queensu.ca with application.

Applicant's Signature

Date

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FILM & MEDIA
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