

# Department of Film and Media



## FILM 395 INTERNSHIP APPLICATION

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### Full Name

First Name

Last Name

### Address

Street Address

Address Line 2

City

Province

Postal Code

Student Number

E-mail

Phone Number

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### Concentration and Year

Please select concentration:

Film Major

Film Medial

Stage and Screen

COCA

Please select year:

1st year

2nd year

3rd year

4th year

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Term you wish to take FILM 395:

Fall

Winter

Summer

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Proposed Start Date:

Proposed End Date:

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Name of your employer/supervisor:

Organization /Company:

E-mail:

Phone:

Address:

City where the work will be performed(if other than above):

Job title or description of work performed:

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## Agreement of Employer:

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

Employer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this application to the Chair of Undergraduate Studies. Attach a one-page proposal as outlined in the guidelines. Submission of this application indicates consent to the examination of your transcript.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

