

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 Emily Pelstring at emily.pelstring@queensu.ca with application.

Applicant's Signature

Date

[FILM & MEDIA]

