

Internship Confirmation
Department of Media Arts
Middle Tennessee State University

STUDENT: This completed form must be returned to the internship coordinator by the end of the second week of the semester of internship. If it is not turned in, the Department will determine that you did not secure the internship, your sponsor will be notified, and you will be dropped from the course roster.

Student Name _____ M# _____
Course #/Section _____ Credit hrs _____ CRN# _____
Fall _____ Spring _____ Summer _____

INTERNSHIP EMPLOYER: Please provide the following information.

Employer/Company _____
Supervisor _____
Supervisor E-mail _____
Title _____ Department _____
Address _____
City/State/Zip _____
Phone () _____ Ext _____ FAX () _____

INTERN RESPONSIBILITIES: _____

CONFIRMATION:

Student Signature _____ Date _____
Supervisor Signature _____ Date _____
Faculty Coordinator Signature _____ Date _____