

**INTERACTIVE TELECOMMUNICATIONS PROGRAM  
TISCH SCHOOL OF THE ARTS**

**INTERNSHIP DESCRIPTION FORM**

Please fill out this form completely. Have it approved and signed by a full-time faculty member, and the Department Chair, Red Burns. Turn in the completed form to Gordie.

Course# \_\_\_\_\_ Points \_\_\_\_\_ Semester & Year \_\_\_\_\_

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Supervising Faculty Member \_\_\_\_\_

**DETAILED DESCRIPTION OF THE INTERNSHIP:**

Company Name \_\_\_\_\_

Work Supervisor \_\_\_\_\_

Work Supervisor Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Number of Hours per week (Must be at least 3 hours per week per credit) \_\_\_\_\_

Please briefly describe the nature of the work you will be doing for this company:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Chair Signature \_\_\_\_\_ Date \_\_\_\_\_