ART INTERNSHIP

ACADEMIC CONTRACT

Internship Coordinator
Department of Art
University of Wyoming
Dept. 3138, 1000 E. University Ave.
Laramie, WY 82071
Phone: (307) 766-3269
Fax: (307) 766-5468
E-mail: faoffice@uwyo.edu

Student’s Name: _________________________________
W# __________________
Email: _________________________________
Phone: _________________________________
Address: _________________________________

Name of Agency/Organization of Internship: _________________________________
Internship Supervisor: _________________________________
Address: _________________________________

Email: _________________________________
Period of Internship: From ____________ To ____________
Hours per week on-the-job: _________________________________
General assignment for internship: _________________________________

Faculty Sponsor: _________________________________
Email: _________________________________
Phone: _________________________________
DEPARTMENT REQUIREMENTS

1. Academic Credit

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Grade Option (A-F or S/U)</th>
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</thead>
<tbody>
<tr>
<td>ART 4400</td>
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</table>

2. Academic Assignments and due date for submission (arranged with faculty sponsor):

Keep a journal and document the following during your internship:
- Record of internship activity weekly/semi-weekly
- Record of new skills and learning acquired in work setting.
- Record of previous expertise and knowledge applied in work setting.
- Examples of work developed and record of process.
- Observations and reflections on internship.
- Summary of internship experience and contribution to your program.

3. Intern’s Midterm and Final Assessments submitted to faculty sponsor:
   a. Mid-term assessment to the faculty sponsor by (date): __________
   b. Final assessment to the faculty sponsor by (date): __________

   Assessment form are available on http://uwadmnweb.uwyo.edu/art/

4. Intern Supervisor’s Midterm and Final Assessments submitted to faculty sponsor:
   a. Mid-term assessment by (date) _________________
   b. Final assessment by (date) ____________________

   Assessment form are available on http://uwadmnweb.uwyo.edu/art/
AGENCY/ORGANIZATION REQUIREMENTS

1. Agency/organization will provide adequate supervision of intern.
2. Intern will comply with organization’s policies and procedures.
3. Intern will fulfill the following specific conditions/responsibilities/tasks identified by the agency/organization:

NOTE:

1. **Full credit in the course is contingent** upon successful completion of the internship practicum and academic assignments outlined in this memorandum.

2. The **course call number** will be given to the student when this agreement is finalized. The **student is responsible for registering for the course**.

Printed Name and Signatures:

Student: ___________________________ - ___________________________

Intern Supervisor: ___________________________ - ___________________________

Faculty Advisor/Sponsor: ___________________________ - ___________________________

Department Head: ___________________________ - ___________________________

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STUDENT REFLECTION

1. Why have you chosen this site?

2. What are your expectations of this internship?

3. What do you expect to learn from this internship?

4. What profession are you pursuing?

5. How does this internship relate to your future professional goals?

RETURN COMPLETED APPLICATION FORMS TO YOUR FACULTY SPONSOR.
FINAL ASSESSMENT REPORT
(SUPERVISOR)

INSTRUCTIONS:

INTERN SUPERVISOR: Please complete this sheet, then forward to: The Internship Coordinator, Department of Art, Dept. 3138, 1000 E. University Ave., Laramie, WY 82071

DUE DATE:______________________

Intern’s Name

Intern’s Supervisor:

Name and Address of Agency/Organization:

Please assess intern’s performance and progress at this point with special reference to his/her contribution to your organization’s purposes and programs. Please also make any additional comments which you think would be helpful to the intern and the Department.

Signature ____________________________________________________________

Date__________________________
Please give your assessment of the intern regarding:

<table>
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<th>Satisfactory</th>
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<tr>
<td>Overall Competence</td>
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Supervisor’s Signature

_____________________

Date
FINAL ASSESSMENT
REPORT
(SUPERVISOR)

INSTRUCTIONS:

INTERN SUPERVISOR: Please complete this sheet, then forward to: The Internship Coordinator, Department of Art, Dept. 3138, 1000 E. University Ave., Laramie, WY 82071

DUE DATE:______________________

Intern’s Name

Intern’s Supervisor:

Name and Address of Agency/Organization:

Please assess intern’s performance and progress at this point with special reference to his/her contribution to your organization’s purposes and programs. Please also make any additional comments which you think would be helpful to the intern and the Department.

Signature ___________________________________________________________

Date_____________________________
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 Supervisor’s Signature

___________________________
Date
MIDTERM ASSESSMENT REPORT
(INTERN)

INSTRUCTIONS:

Please complete this sheet and submit it to the Internship Coordinator, Department of Art, Dept. 3138, 1000 E. University Ave., Laramie, WY 82071

DUE DATE:______________

Intern’s Name:

Intern’s Supervisor:

Name and Address of Agency/Organization:

1. Please describe your activities/responsibilities and relate them to your goals/objectives as stated in the Memorandum of Understanding.

2. Please make any additional comments which you think would be helpful to the Department and the intern agency/organization regarding any aspect of your internship experience. What do we need to know about your current experience? Did you feel sufficiently prepared for this experience?

Signature ____________________________________________________________

Date______________
MIDTERM ASSESSMENT REPORT

INSTRUCTIONS:

INTERN SUPERVISOR: Please complete this sheet, then forward to: The Internship Coordinator, Department of Art, Dept. 3138, 1000 E. University Ave., Laramie, WY, 82071.

DUE DATE: ________________

Intern’s Name:

Intern’s Supervisor:

Name and Address of Agency/Organization:

Please assess intern’s performance and progress at this point with special reference to his/her contribution to your organization’s purposes and programs. Please also make additional comments which you think would be helpful to the intern and the Department.

Signature ________________________________

Date ________________

- 2 -
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Supervisor’s Signature

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Date
ART 4400
INTERNSHIP

INTERNSHIP RATIONALE, PRINCIPLES, AND POLICIES

Rationale and Principles

Frequently a culminating experience for art majors is ART 4400 Internship. This component of the art program is designed to provide majors with an educational experience that will integrate theoretical ideas, gained from the art program into practice. During an art internship placement, the art major may practice and test knowledge gained in the classroom as well as learn how knowledge and expertise from studio, design and art history are applied in the work site. An internship placement is designed to provide art majors with the opportunity to develop competencies that are necessary to assume professional responsibilities in public, private, corporate, community, and/or academic settings. The internship should help students meet their professional goals.

The following are principles and guidelines that should be used when selecting and planning your internship.

1. Students should play an active role in selecting the internship site.
2. Student should play an active role in planning the internship experience.
3. Student should select the internship site based on their professional goals.
4. Internship should meet the "real" needs of the agency in terms of needs assessment, program planning, implementation, and evaluation.
5. The internship should be designed to provide the student with a wide variety of opportunities and experiences that are reflective of actual responsibilities of art professionals.
6. The internship should take place under the supervision and guidance of an individual who can create learning experiences out of actual work situations.
7. The internship supervisor should be knowledgeable in the student's area of specialization.
8. Students should be evaluated in terms of their (a) increased understanding, knowledge, and abilities specific to the internship and (b) contributions to the agency's program.
Policies

Please read the following policies applicable to ART 4400 Internship. Once you read and understand the policies, please date and sign the form. Please return this form to your faculty sponsor in the art department.

1. I understand that junior level standing and a minimum of 12 hours in the major area are required for ART 4400 Internship.

2. I understand that I must select the site for the Internship Experience under the guidance of my advisor.

3. I understand that it is my responsibility to submit the Academic Contract for ART 4400 Internship before the beginning of the semester or I may not be permitted to enroll until the following semester.

4. I understand that if my faculty sponsor, my advisor or the department head do not approve my internship application, I will not be permitted to enroll in ART 4400 Internship.

5. I understand that it is my responsibility to keep the department head and office manager informed of any address, phone number, and/or name changes.

6. I understand that it is my responsibility to notify my faculty sponsor, my advisor and the department head, if I decide to withdraw from the Internship Experience for any reason.

By my signature below, I acknowledge that I have read and understand the ART 4400 Internship Policies listed above and my questions about the policies have been answered satisfactorily.

Date

Student’s Signature

Printed Name