

Faculty of Arts Internship: Departmental Internship Approval Form

Instructions: Please complete this form in consultation with the Professor in your department who has agreed to be your supervisor. Then have it signed by your Departmental Internship Advisor and the Faculty of Arts Internship Officer. Bring the completed and signed copy of this form to the Administrative Office of your department or program in order to remove the restriction on MINERVA to permit you to register for the course.
Please be reminded that in order to receive approval, you will need a written confirmation of your internship from your host organization.

Student name: _____	Student number: _____
E-mail: _____ @mail.mcgill.ca	Expected date of graduation: _____

Major Concentrations: _____ _____	Honours? <input type="checkbox"/> <input type="checkbox"/>	Minor Concentrations: _____ _____	Year of study: U1 <input type="checkbox"/> U2 <input type="checkbox"/> U3 <input type="checkbox"/>	Departmental Internship course number: _____ (i.e. POLI 599) Term course to be taken: Fall 20__ __ Winter 20__ __ Summer 20__ __
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Name of host organization/institution: _____
Supervisor at host organization/institution: _____
Address of host organization/institution: _____ _____
Telephone: _____ e-mail: _____

Dates and Duration of Internship (please include the total number of hours you expect to work): _____

Description of Task (specific responsibilities, e.g. tasks within the organization): _____

Academic Supervisor at McGill: _____
Department, E-Mail/Phone: _____

Proposed topic of academic paper: _____
Outline of proposed research: _____ _____
Students may also attach a page, outlining their proposed research in more detail.

Student responsibilities	
1) I am aware of my department's academic requirements and deadlines for receiving internship course credit in my program of study. These are listed at http://www.mcgill.ca/arts-internships/departments .	Initials _____
2) I have read the Handbook for Faculty of Arts Interns listed at http://www.mcgill.ca/arts-internships/forms/ and I am aware of my responsibilities.	Initials _____
3) I have read and will adhere to the Arts Internship Office Travel Guidelines found online at http://www.mcgill.ca/arts-internships/guidelines	Initials _____
4) For students interning OUTSIDE of Montreal: I will register my travel on the University-related travel activity registry on Minerva prior to the start of my internship. More information is listed at: http://www.mcgill.ca/students/international/registry/	Initials _____
5) For students interning OUTSIDE of Canada: I have attended the University-Wide Pre-departure Session. See: http://www.mcgill.ca/students/international/predeparture/	Initials _____

_____ Signature (Student)	_____ Date
_____ Signature (Academic Supervisor)	_____ Date
_____ Signature (Faculty of Arts Internship Officer, Leacock 307)	_____ Date
_____ Printed Name Departmental Approval - Internship advisor and/or Department Head	_____ Signature Date

Please return the completed form to your departmental or program administrative office.

6.1 Personal Data Form for All Interns

Student Identification

Last name: _____ First name: _____ McGill ID: _____

McGill e-mail address: _____

Montreal phone number: _____ Cell phone: _____

Permanent address line 1: _____

Permanent Address line 2: _____

City: _____ Province/state: _____ Country: _____

Phone number (home): _____

Alternate e-mail address: _____

Country of citizenship: _____ Are you an international student at McGill? Yes No

Social Insurance Number (SIN): _____

Internship Information

Name of Organization: _____

Dates of internship (specific start and end dates): _____

Address: _____

City: _____ Province/state: _____ Country: _____

Phone number (Office): _____ Phone number (Supervisor): _____

E-mail address of supervisor: _____

Emergency Contact Information

Contact 1:

Last name: _____ First name: _____ Relationship: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Province/state: _____ Country: _____

Phone numbers: home: _____ cell: _____ work or other: _____

E-mail address: _____

Contact 2 (optional):

Last name: _____ First name: _____ Relationship: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Province/state: _____ Country: _____

Phone numbers: home: _____ cell: _____ work or other: _____

E-mail address: _____