



**CANS 499: Arts Internship: Canadian Studies
Internship Approval Form**

Instructions: Please complete this form in consultation with the professor who has agreed to be your supervisor. Then have it signed by the Canadian Studies Program Director and the Faculty of Arts Internship Officer. Bring the signed copy to the McGill Institute for the Study of Canada in order to remove the restriction on MINERVA to permit you to register for the course.

Student name: _____ Student number: _____
E-mail: _____ Expected date of graduation: _____

CANS Program: Minor Concentration Major Concentration Year: U2 U3

Name of host organization/institution: _____
Supervisor at host organization/institution: _____
Address of host organization/institution: _____
Telephone: _____ e-mail: _____

Duration of Internship (please indicate 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:

I have read and will adhere to the Arts Internship Office Travel Policy found online at <http://www.mcgill.ca/arts-internships/policy/>

Student Name: _____ Student Signature: _____ Date: _____

Signature (Academic Supervisor) Date

Signature (Faculty of Arts Internship Officer) Date
Leacock Building, Room 307

Please return the completed form to: McGill Institute for the Study of Canada (3463 Peel Street)

Signature (CANS Academic Program Director) Date

Student Acceptance Form Acknowledgment and Consent

I have chosen to participate in the following **UNIVERSITY-RELATED INTERNATIONAL TRAVEL ACTIVITY**:

taking place in _____ from _____

A complete itinerary (including multiple destinations) is attached.

1. I confirm that I have attended the **Student Preparedness and Orientation Session**.
2. I understand that the International Activity may involve physically and mentally strenuous activities in an area removed from primary medical care or hospitals.
3. I will behave in such a way as to minimize risk to myself and other participants at all times. I have familiarized myself with and will observe the local laws and customs, and will at all times behave responsibly and within the laws of my destination country and will do nothing to bring discredit to McGill University.
4. I understand that participation in the International Activity involves risks, dangers, and hazards, including but not limited to those outlined in Foreign Affairs Canada Travel Report for my destination country. I have reviewed the current issue of this Report and understand the risks outlined therein.
5. I have registered my travel with the International Activity with the registration service of Foreign Affairs Canada or with a similar agency in my home country and will monitor DFAIT travel reports until the date of departure, and while abroad.
6. I understand I am not required to take part in the International Activity to complete a McGill degree and acknowledge that my participation in the activity is wholly voluntary.
7. I will undertake such functions and responsibilities consistent with the student training program approved by McGill and which McGill may specify from time to time, and will promptly and fully comply with the directions I may receive from the McGill Faculty and staff members.
8. I understand that as a student of McGill I remain subject to the rules, regulations, and policies of McGill, including but not limited to, those contained in the **Handbook of Student Rights and Responsibilities**.
9. If necessary, I will undergo a medical examination and receive appropriate immunization prior to the start of the International Activity, and will provide McGill with an attestation to this effect if requested.

10. I will carry sufficient accident and health insurance, including coverage for emergency evacuation, during my International Activity.
11. I will travel with a valid passport, visa, immunization booklet, and return air ticket.
12. Unless my expenses are to be covered by my supervisor or my research grant, I will be personally responsible for all my expenses and declare that I am financially capable of meeting such expenses incurred on my behalf. I will not cause McGill to incur any expense, including but not limited to telephone, telecommunications, and transportation, and will promptly and fully reimburse McGill for any expenses as applicable.
13. Unless I hold the necessary authorization to do so, I will not engage in any occupation or trade, whether paid or unpaid, while abroad.
14. I hold McGill harmless from any claims, demands or actions of any kind, and shall indemnify McGill from any loss or expenses incurred, and accept full responsibility for my participation in the International Activity.
15. I agree that McGill may terminate my participation in the International Activity and require me to return to Canada forthwith for any reason whatsoever.
16. I authorize McGill to contact the person I have named as a contact in case of emergency at their discretion, releasing such information as McGill deems necessary.
17. I authorize McGill to release such personal information about me as is required by government bodies or McGill's partners for the purpose of identifying me and registering me as a participant in the program.
18. I have requested that the present document be drafted in the English language. *J'ai demandé que le présent document soit rédigé dans la langue anglaise.*

Signed: _____

Date: _____.

Faculty of Arts Internship Program Intern Emergency Contact Form

Name of Intern: _____

Student ID no.: _____

McGill Email: _____

Permanent Address: _____

Date of Birth: _____ Health Care no.: _____

Citizenship: _____ Passport Number: _____

Place of Issue: _____ Expiry Date: _____

Person to contact in case of an emergency:

Name	
Relationship to student	
Telephone	Home: Work: Cell:
Email	
Address	

Host organization contact information:

Organization Name	
Supervisor Name	
Director Name	
Telephone	
Email	
Address	

Third party contact information (if applicable):

Organization Name	
Supervisor Name	
Director Name	
Telephone	
Email	
Address	

- In the case of an emergency, McGill University will contact the persons named on your Emergency contact form.
- Please advise the contact person you have identified that they have been named as such.
- I authorize McGill University to contact, at their discretion, the persons I have named as contacts in case of an emergency.

Signature: _____ **Date:** _____