



Graduate Studies Internship Application

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and are not released to any other parties.

Student Information

Last Name	First Name	Student Number
Email	Program	

Project Proposal

Fall semester (D2) credit weight:	Winter semester (D3) credit weight:	Summer semester (SU) credit weight:
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Please attach a comprehensive Internship proposal (minimum 500 words) which should include:

1. A detailed description of the objectives and relevance of your Internship to your larger program of study.
2. An outline of the type of work this project involves, including the number of contact hours you and the sponsor have agreed upon and details of your work schedule.
3. A profile of your sponsor, including their general contribution to the practice of art, design, criticism or curating.
4. Evaluation criteria and deadlines (to be determined with supervising faculty member).

Sponsor Name	Role/Title	
Organization	Phone	Email

As an *Internship Sponsor*, I agree to the following:

1. The Internship project will augment and benefit the student's studies and is a training/educational opportunity.
2. The student will be supervised throughout the duration of the Internship by qualified personnel.
3. The student is not or has not been an employee of the Internship Sponsor.
4. To complete and forward to the Office of Graduate Studies the mid-point and final assessments required each semester. The student will provide the sponsor with appropriate forms and a list of scheduled deadlines.
5. The supervising faculty member will have regular contact with the student and make on-site visits if deemed necessary or advisable by any party.

Print Name	Signature	Date
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Declaration of Student: I have read and understand the Policies & Procedures relating to Special Studies – Internship for graduate students and agree to fulfill all requirements, including the submission of a final written report. I understand that failure to do so will result in a failing grade on my academic record.

Signature of Student	Date
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I have worked with the student to establish evaluation criteria and deadlines, and I agree that the proposed course of study will support the student's intellectual development and/or creative practice and/or contribute to the completion of the student's thesis or culminating project. I agree to evaluate the student's performance in this course of study and to submit a report to the Office of Graduate Studies by the published deadline dates.

Faculty Member	Signature	Date
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This Special Studies credit is an approved substitute for the course:	Internship course code:
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Signature, Principal Advisor	Date
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Signature, Graduate Program Director	Date
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Received by: Previous special studies credits:	Date:	Entered:
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