



# Graduate Studies Internship Sponsor Profile

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.

SPONSOR INFORMATION		
Name and Title [please print]		
Organization		
Address		
City, Province		Postal Code
Phone#	Fax#	Email
Describe the type of work you and/or your Organization, Business, or Studio are engaged in. Attach CV, artist statement, annual report or other appropriate background information.		
Describe the work the Intern would perform.		
Describe the qualifications and skills required to do this work.		
How many hours per week would the student work with you? What would their schedule be? What are the start and end dates?		
Who would supervise the student? Please provide their title and describe their responsibilities, experience, and qualifications.		

Signature

Date

Your agreement to sponsor an Intern will be reviewed by the Office of Graduate Studies. *Note: Final approval for individual student participation is at the discretion of the Graduate Program Director and must meet the student's academic objectives and graduation requirements.*

Received by:	Date:	Recommendation:
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