

INTERNSHIP LEARNING AGREEMENT



COLLEGE of
CHARLESTON

ARTS MANAGEMENT
PROGRAM

Revised August 2019

To be used for internships beginning Fall 2019

STUDENTS: Once you have secured an internship, please send this form to your internship site supervisor to complete and email to the Arts Management Program as indicated.

DEADLINE: This agreement must be completed and submitted by the last day of Drop/Add for the semester in which the student intern intends to enroll. *It is the student's responsibility to make sure that this form is submitted by the deadline.*

Visit <http://artsmgmt.cofc.edu/internships/student-information.php> for details.

Note: For Fall 2019, this form will be due on August 30.

PART I: TO BE COMPLETED BY THE SITE SUPERVISOR

A. STUDENT INFORMATION

Name: _____

Student Email Address: _____

Term and year in which the student will enroll and complete the internship:

Fall 20____ Spring 20____ Summer 20____

B. EMPLOYER INFORMATION

Organization/Company Name: _____

Our students are required to complete a for-credit internship with an **arts-oriented** organization within one of the categories listed below. Which of the following categories **best** describes your organization? (**Select one.**)

This category must describe the primary function of the organization and not just the nature of work that the intern will complete.

- | | | |
|--|---|---|
| <input type="checkbox"/> Museums & Collections | <input type="checkbox"/> Design | <input type="checkbox"/> Arts Agencies & Service Organizations
(Governmental or NGO) |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Literary Arts | <input type="checkbox"/> Music Industry |
| <input type="checkbox"/> Visual Arts & Photography | <input type="checkbox"/> Arts Education | |
| <input type="checkbox"/> Film, Radio, & Television | <input type="checkbox"/> Creative Placemaking | |

Organization Address (street address): _____

(city, state, zip): _____

Site Supervisor Name: _____ Title: _____

Email Address: _____ Phone: _____

C. INTERNSHIP INFORMATION

Title of Internship Position: _____

Start Date _____ End Date _____ Average Hours Per Week _____ Total Expected Work Hours _____

*Interns must complete a minimum of 120 hours.

I confirm that this internship will be completed in an office, venue, or shared professional workplace setting.

Students are not permitted under any circumstances to work in personal residences. **Initial:** _____

Intern Compensation: paid unpaid

Position Overview: Provide a brief summary of the position and how it relates to the organization's mission or purpose.

Responsibilities & Learning Activities: Please list at least 5 responsibilities of this position, including specific projects that will support the mission or purpose of the organization as well as administrative tasks. Indicate learning activities that the student will engage in, including training, projects, meetings, interactions with other professionals, etc. Include any resources, equipment, and/or facilities provided by the organization that support learning objectives and goals, in addition to any pay or stipend information.

Qualifications: Please list 3-5 specific qualifications an individual in this role should possess.

Expected Learning Outcomes: Please list 3-5 expected outcomes that reflect the responsibilities of the role.

Internship Site Supervisor Agreement:

I have discussed the internship with the Student Intern and we have agreed upon the assigned work components described in this document. **Initial:** _____

I agree to provide training and consultation to the Student Intern in order to achieve the described learning outcomes, provide information concerning our organizational policies and procedures, meet with the Student Intern regularly, and complete the site supervisor evaluation sent to me at the end of the term. **Initial:** _____

Furthermore, on behalf of my organization, I agree that it is our responsibility to adhere to federal guidelines regulating internship programs under the Fair Labor Standards Act, as well as criteria set by the [National Association of Colleges and Employers \(NACE\)](#). **Initial:** _____

Internship Site Supervisor Signature

Date

Site Supervisors: Please email this form to Claire Long, Program Coordinator/Director of Experiential Learning, at celong@cofc.edu with the subject line: "Internship Learning Agreement: [Student's Name]" with a CC to the student intern. The information contained within this Internship Learning Agreement is subject to approval by the Arts Management Program.

PART II: TO BE COMPLETED BY THE STUDENT INTERN

Student Interns: Once your supervisor has completed Part I of this form, you may complete Part II electronically and send it to Claire Long at celong@cofc.edu OR you may stop by the Arts Management Program office, Simons 315B, to complete it or drop it off in person.

ADDITIONAL STUDENT INFORMATION

CWID #: _____ CofC Email Address: _____

Course: ARTM 400: Arts Management Internship ARTM 401: Music Industry Internship
(for music industry concentration students only)

Advisor: _____ or I am an ARTM minor.

Student Intern Agreement:

I have discussed the internship with my Internship Site Supervisor, and I concur with and accept the academic and work assignments indicated in this agreement. **Initial:** _____

I will work towards the learning outcomes and complete the projects and tasks assigned to me to the best of my ability. **Initial:** _____

I accept the obligation of confidentiality in my work and will familiarize myself with and adhere to the organization's relevant policies, procedures, appropriate standards, and ethical conduct. **Initial:** _____

I understand that I may not begin working at my internship until this form has been approved by the Arts Management Program and I have been registered in the internship course (ARTM 400 or 401) by the Registrar's Office. **Initial:** _____

Student Intern Signature

Date

The information contained within this Internship Learning Agreement is subject to approval by the Arts Management Program.
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PART III: TO BE COMPLETED BY THE ARTS MANAGEMENT PROGRAM

Arts Management Program: I have reviewed the contents of this learning agreement. I have discussed the academic components of this internship with the student intern. We have reached agreement on the learning outcomes as indicated.

Arts Management Program Signature

Date

FOR INTERNAL USE ONLY

- Individual Enrollment Form*
- Liability Waiver*
- Overload Request Form (if applicable)*