

## 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: _____	