

Photography Department Internship Program

STUDENT AGREEMENT FORM

Student Name _____

Social Security Number _____ **Oasis ID#** _____

Semester: **Fall** **Spring** **Summer** 200____

Intern Sponsor/Company _____

Internship Schedule/Hrs. Per Week _____

Number of Credit Hours Registered _____

As a Photography Intern I agree to maintain the above schedule throughout the semester and to submit a 2 to 3 page Internship Report by the last Friday of the semester. A guide to writing an Internship Report is at www.colum.edu/internships.

Student Signature

Date

Any questions or problems that arise during the internship period should be directed to the Internship Coordinator, Bill First, 773-764-9774 or e-mail: bfirst@colum.edu