Letter of agreement regarding DRAM/MUTH/MUSC 395: Internship / 3.0 units

Student Name: ________________________________________________________

Student number: ___________________ Queen’s email address: ________________________________

Name of the Company ____________________________________________________________

Project Title _________________________________________________________________

Project Dates: Starting ___________________ Ending _____________________________

Onsite Supervisor name and email: _____________________________________________

One sentence description of your role in the project: _____________________________

__________________________________________________

Attach a one-page description, of this internship position, that answers the following questions: What is the professional context of this project. What will your duties be? How many hours will the project are anticipated? What knowledge do you expect to gain or develop? What skills do you expect to gain or develop? How will this project enhance your overall experience as a student and as a professional in your field?

Note: The Undergraduate Chair or Academic Supervisor will contact the Onsite Supervisor prior to approval.

Student and Academic Supervisor will meet at least three times over the course of the internship.

Meeting #1 Date: ___________________ Time: ___________________

Meeting #2 Date: ___________________ Time: ___________________

Meeting #3 Date: ___________________ Time: ___________________

At the conclusion of the project, the student will provide a written report of approximately 1500 words, reflecting on his/her experience. This self-evaluative report will consider development of knowledge, skills and values, identifying areas of achievement, areas for improvement, and questions or goals to be pursued in future endeavours. This report is due within 2 weeks of completing the internship hours. Report due date: _____________________________

This 3.0 unit course is graded as a Pass/Fail.

__________________________________________________  ____________________________________________________

Student Signature  Student - print name

__________________________________________________  ____________________________________________________

Academic Supervisor signature  Academic Supervisor – print name

__________________________________________________  ____________________________________________________

Academic Coordinator  Date

Make three copies of the application page and job description. Give one to the Onsite Supervisor, one to the Academic Supervisor, and one to Lee Atkinson (Academic Coordinator). You will then be registered by office staff.