George Mason University
School of Art Internship Program

AVT 489
Internship Intake Form

Student Information (print clearly)

Student Name: _________________________________________________

GMU G#: ____________________

GMU Email: __________________

Daytime phone #: ________________________

Semester:

Number of Credits to be registered for:  1 2 3 4 5 6  (circle one)

Internship Information:

Agency Name: _________________________________________________

Internship Field Supervisor: ________________________________

Type of work: ________________________________________________

How did you learn about this internship?

01/2012