

**CERTIFICATE IN MUSEUM STUDIES (MUSM)**

**INTERNSHIP FORM**

**STUDENT INFORMATION**

Name \_\_\_\_\_ CWID \_\_\_\_\_  
Department \_\_\_\_\_ Advisor \_\_\_\_\_

**INTERNSHIP INFORMATION**

Host institution & address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact person/supervisor \_\_\_\_\_ Email \_\_\_\_\_

Internship description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intern's tasks and expectations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates (approximate) \_\_\_\_\_

Form of evaluation \_\_\_\_\_  
Duration (hours) \_\_\_\_\_

Financial support to host institution (amount & source) \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES OF APPROVAL**

Student \_\_\_\_\_ date \_\_\_\_\_ Advisor \_\_\_\_\_ date \_\_\_\_\_

MUSM Internship coordinator \_\_\_\_\_ date \_\_\_\_\_ Museum supervisor \_\_\_\_\_ date \_\_\_\_\_

MUSM Chair \_\_\_\_\_ date \_\_\_\_\_