

THIS FORM MUST BE TYPED



### INTERNSHIP SPONSOR'S AGREEMENT

1. Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

2. Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Major: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Intern/Job Title \_\_\_\_\_ Intern Salary/Stipend: \_\_\_\_\_  
Qtr/Year: FA \_\_\_\_\_ WI \_\_\_\_\_ SP \_\_\_\_\_ SU \_\_\_\_\_ Total Weekly Hours Required: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

3. Summarize the internship duties, responsibilities, and activities:

**Please also attach a FULL description to this application:**  
**Describe the internship title, duties, responsibilities, activities, timeline and competencies. List the tasks and responsibilities the intern will be have and identify the corresponding competencies which will be gained.**  
**Internship supervisor must create the description and also sign the attachment.**

**Task:** What one does to gain competence; doing rather than the learning. Tasks are the experience or input in contrast to the skill or outcome. **Competency:** Transferable, functional skills (i.e., knowledge and ability to do something skillfully). Performance abilities acquired through experiential learning or formal education.

*Sample learning objectives include: Differentiate among career options in their chosen field; evaluate personal and professional skills and interests relative to their application in possible career paths in chosen field; follow written and oral directions, communicate effectively with others; adhere to established time frames for completion of work; analyze, prioritize, and sequence project and/or job-related tasks, adhere to established requirements and standards for completion of work.*

4. Our company will cooperate and aid the student in complying with all the requirements for the Academic Internship Program. If problems develop we will immediately contact the Faculty Liaison at The Art Institute of California- San Francisco: **(415) 865-0198**

_____ Employer Name (Please Print)	_____ Employer Signature	_____ Date
_____ Student Name (Please Print)	_____ Student Signature	_____ Date
_____ Academic Director (Please Print)	_____ Academic Director Signature	_____ Date

**Please return this form to the Dean of Academic Affairs by the last Friday before the start of the quarter.**