

# School of **Media Studies** at **THE NEW SCHOOL**

## INTERNSHIP CONTRACT

TO STUDENTS: Please fill out this form and attach a signed letter from your internship supervisor with your role and responsibilities. A final reflection paper and a supervisor evaluation will be due at the end of the semester. You can find more details about these requirements here: <http://www.newschool.edu/public-engagement/school-of-media-studies-internships-independent-study/>

STUDENT NAME (please print): \_\_\_\_\_  
LAST FIRST MI

ID#: \_\_\_\_\_ PROGRAM (BA, MA, MS, CCT): \_\_\_\_\_

TERM: \_\_\_\_\_ CREDITS (0 – 3): \_\_\_\_\_ TYPE OF CREDIT: \_\_\_\_\_

TITLE OF INTERNSHIP TO APPEAR ON TRANSCRIPT (please print clearly): \_\_\_\_\_  
(PLEASE NOTE: ABBREVIATE AS NECESSARY. TITLE MUST BE NO LONGER THAN 24 CHARACTERS INCLUDING SPACES)

DESCRIPTION OF INTERNSHIP (As it relates to your academic goals): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form can only be submitted IF you:

- 1) Have completed a minimum of 15 credits in your degree program
- 2) Submit the proper paperwork (Internship Contract Form & Official Internship Supervisor Letter) before the start of classes. (Note: Many students do not receive approval from the prospective internship until after the first day of classes; therefore, you can still provide the form and letter up until 3 business days before the Late-Add deadline.)

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
DIRECTOR OF STUDENT AFFAIRS SIGNATURE PRINT OR TYPE NAME DEPARTMENT DATE

\_\_\_\_\_  
SCHOOL/PROGRAM CHAIR SIGNATURE PRINT OR TYPE NAME DEPARTMENT DATE

**School of Media Studies**  
79 5th Avenue 16th Floor  
New York, NY 10003

<http://www.newschool.edu/public-engagement/school-of-media-studies-internships-independent-study/>

This form should be filled out and saved with digital signatures. Email this form back to [rodriga1@newschool.edu](mailto:rodriga1@newschool.edu)