**Western University, Faculty of Arts & Humanities**
**Arts & Humanities Internship, AH 3000A/B/Y – 3001A/B**

**STUDENT FOUND INTERNSHIP PROPOSAL**

Complete this proposal once you have consulted with the person who will serve as the work supervisor/mentor and with the faculty's Experiential Learning (EL) Coordinator and had your project tentatively approved. Your responses to the questions in the Project Information section should be as detailed and complete as possible but not excessive in length.

**Due Date:** the proposal should be submitted and approved no later than the last day of classes of the term that precedes the term in which the project is to begin.

| STUDENT INFORMATION | |
| --- | --- |
| **Student Name** | |
| **Student Email** | |
| **ORGANIZATION INFORMATION** | |
| **Organization Name** | |
| **Address** | |
| **Website** | |
| **Contact Name** | |
| **Contact Email** | |
| **PROJECT INFORMATION** | |

**What is the title or nature of this internship**?

**How did you find this opportunity?**

**Where will the internship take place?**

**Who will be supervising and mentoring you for this opportunity**?

**What is their experience that qualifies them as a mentor?**

**What are the internship's start and end dates?**

**Is the internship paid or unpaid, or will you receive a stipend or honorarium?**

**If it is paid, what is your salary?**

**How many hours per week will you work? Please specify on- and offsite hours.**

**Are you getting or will you get academic credit for this internship in another faculty or department? If so, in which faculty or department and for what course?**

**What specific duties and responsibilities would you undertake for this internship?**

**What are the internship's deliverables? That is, what will you produce or provide during or at the end of this internship?**

**What experience do you hope to gain from this experience?**

**How does this internship relate to your studies in the Arts & Humanities?**

**How will this internship move you towards achieving your professional goals?**

## ASSESSMENT—TO BE COMPLETED BY A&H'S EXPERIENTIAL LEARNING COORDINATOR

**Approved** ☐          **Denied** ☐

| | |
|---|---|
| **Comments** (if any) | |
| **EL Coordinator Signature** | |
| **Date** | Click or tap to enter a date. |