

Graduate Internship Registration Request

To register for an internship, you must complete this form and have it approved and signed by the Faculty Member and the Organization Representative who will be supervising you. Send the completed form to Maria Portera, mportera@buffalo.edu. **One credit hour requires 40 hours of work time. Total of 240 hours should be recorded for a 6 credit internship.** A written report will be submitted after completion.

Name: _____ Signature: _____

Local Address: _____ (apt. #) _____
_____ (State) _____ (Zipcode) _____

Person #: _____ E-mail: _____

Program _____ AHI 598
MA _____ APY 538 (Gonzalez/Perrelli)
_____ AAP 511 Fieldwork in Arts Management

Registration #: _____ Credits: _____ Faculty Advisor: _____

Internship Location, Name, Address, Telephone, E-mail of Organization (Please print):

_____ (Email) _____
_____ (Telephone) _____

Duties: _____ Hours per week you will work: _____

Responsibilities: _____

Indicate what you plan to learn and accomplish through this internship (continue on reverse if necessary):

Faculty Advisor: *(Signature)* _____ Date: _____

Organization Representative Name: _____ Date: _____

Organization Representative *(Signature)* _____