

APPROVAL FORM FOR MUSM 500 MUSEUM INTERNSHIP

MUSM STUDENT INFORMATION

Name: CWID:
Department: Advisor:
Confirmed Admission to MUSM Program:

INTERNSHIP INFORMATION

Host Institution & Address:

Host Supervisor: Email:

Internship Summary:

Dates (approximate): Duration (hours):

APPROVAL SIGNATURES

Student:	Date:
Advisor:	Date:
Host Supervisor:	Date:
MUSM Internship Advisor:	Date:
MUSM Chair:	Date:

Internship Description (Tasks & Expectations)