FILM ANIMATION Professional Internship Request Form Undergraduate

DO NOT PRINT THIS FORM. This is a fillable PDF. Not sure how to fill this out digitally? Use your browser or reference https://www.wikihow.com/Fill-in-PDF-Forms

FMAN 446 Professional Internship I (3 credits); FMAN 447 Professional Internship II (3 credits)

Prerequisite: written permission from the School of Cinema.

This form is to be completed by any student wishing to undertake a Professional Internship for credit toward the BFA in Film Animation program in the School of Cinema. *The submission of this document does not guarantee that permission will be granted; permission is subject to the discretion of the cinema department, weighed by academic and professional viability.* A BFA Film Animation student employed within the film industry during the same calendar year may request that this employment be considered for internship credit and will be required to submit a complete request as outlined below.

GUIDELINES

Each internship must be approved in advance by a full-time FMAN Faculty member and the FMAN Undergraduate Program Director (UPD). The School of Cinema must be satisfied that the work will be performed under the joint supervision of a qualified professional (Field Supervisor) and a full-time FMAN Faculty member to ensure your duties are in-keeping with the aims of the FMAN program. Your Faculty Supervisor will determine the credit value of your internship prior to the start of the project. The workload should be equivalent to a 3-credit course (45 hours per credit = **135 hours** per 3-credit course, **270 hours** per 6-credit course). A written proposal describing the project must be submitted to your Faculty Supervisor prior to the work taking place.

NOTE: It is strictly forbidden to use University equipment or resources for work related to your Professional Internship without prior permission of the School of Cinema.

INSTRUCTIONS

It is the students' responsibility to submit the following documents sequentially in the following order as a SINGLE PDF <u>at least 7 working days before the drop/add deadline</u> (2nd Monday after classes begin) in the term for which you are requesting internship credit.

- 1. Complete this internship request form and have it signed by the full-time faculty member who has agreed to supervise your internship.
- 2. Complete the <u>first section</u> of the **Internship Agreement Form**.
- 3. Attach a **Project Description** of your Internship that includes the nature of the duties and activities you will undertake, the educational benefit of the project, and how you will be evaluated by your faculty supervisor.
- 4. Attach a **signed letter from your Field Supervisor** (on company letterhead) indicating the scope of your responsibilities and duration of the Internship, including start and end dates and the approximate total number of hours.
- 5. Attach a copy of your **Student Record/unofficial transcript** <u>downloaded from your Student Centre</u>
- 6. Submit this form with your faculty supervisor's signature and all accompanying documents as a single PDF in the order outlined above to the cinema office via email attachment: cinema@concordia.ca, naming the file: last name student number internship request.pdf

Within 7 calendar days you will receive an email from the Dept. Assistant indicating the status of your request and to confirm access to register.

EVALUATION

Students are encouraged to maintain regular contact with their faculty supervisor. Students can only be evaluated through written reports at the end of the semester for which they are registered for the internship credits. The student and the faculty supervisor can agree to bi-weekly reports and/or a final report to be submitted no later than 7 calendar days after the last scheduled day of classes, before the end of the semester.

When submitting a final report to their faculty supervisor, students must attach the completed second section of the **Internship Agreement Form** and CC cinema@concordia.ca to their submission.

The report should outline the benefits of your internship to your own practice, demonstrate your understanding of the organization's social and cultural role (if it is a non-profit), as well as an analysis of the activities and functioning of the organization.

Final Date for completion of work: (y/m/d):

Preferred Name	
Email	
COMPANY/ORGANISATION INFORMATION	
NAME of COMPANY / ORGANISATION:	
FIELD SUPERVISOR:	
Name	
Title	
Tel	<u>—</u>
Email	
Location where the work will take place: (complete acorganization):	ldress and name of company or
DEPARTMENT APPROVALS	
organization):	
organization): DEPARTMENT APPROVALS Full-time Faculty Supervisor (Print Name):	(y/m/d):
organization): DEPARTMENT APPROVALS Full-time Faculty Supervisor (Print Name): Signature:	(y/m/d):
DEPARTMENT APPROVALS Full-time Faculty Supervisor (Print Name): Signature: Undergraduate Program Director (Print Name):	(y/m/d): (y/m/d):

PROFESSIONAL INTERNSHIP AGREEMENT

Date (y/m/d)_____

DIRECTIONS:

The first section of this agreement is to be filled out and signed by the **Intern (student)** and **Field Supervisor** prior to the start of the Professional Internship. The Intern must retain the original of this agreement and, one week prior to completing the Internship or the end of the semester (whichever is first), ensure the second section is completed by their Field Supervisor and submitted along with a **Final Report to the faculty supervisor** with the cinema office CC'd via email in one continuous PDF: cinema@concordia.ca

Name of Company/Institution:
Type of Intern Position: volunteer paid Duration of the Internship placement:days Number of working hours (min. 135 for 3-credit Internship, 270 for 6 credits): Period of Internship: End date:
If internship is remunerated:
Remuneration/hour : CAD \$/ other currency
Process for claiming expenses (if applicable)
Mentorship and Training: Type of mentorship and/or training (please select and specify): First-day orientation Assessment of skills Negotiation of tasks Introduction to other staff Written illustration of working procedures Oral explanation of working procedures Outlining of objectives Explanation of health and safety in the working place Other
Objectives To be completed by the Field Supervisor (please select and specify): Regular meetings Short written reports Oral reports Briefings with staff Other:
Name of Field Supervisor Signature Date (y/m/d)
Name of Intern Signature

Internship Final Assessment
This section is to be completed by the Field Supervisor at the end of the Internship. A report may be
attached separately as an addition to the completion of this section.
1. Number of hours completed:
2. Main tasks:
3. Observations/Comments:
Name of Field Supervisor:
Signature:
Date: (y/m/d/):