

## FILM STUDIES Professional Internship Request Form Undergraduate

**FMST 426 Professional Internship I** (3 credits)

**FMST 427 Professional Internship II** (3 credits)

*Prerequisite for FMST 426: written permission of the School of Cinema*

*Prerequisites for FMST 427: FMST 426 and written permission of the School of Cinema*

(A student repeating FMST 426 registers under FMST 427).

A Film Studies student who has been commissioned to work in such areas as film research, archival work, editing film publications or writing film criticism, may request permission to apply three credits toward the Film Studies degree program.

This form is to be completed by any student wishing to undertake a Professional Internship for credit toward the BFA in Film Studies 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.***

### GUIDELINES

Each internship must be approved in advance by a full-time FMST Faculty member and the FMST 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 FMST Faculty member to ensure your duties are in-keeping with the aims of the FMST 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**). 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

All documents must be submitted to the Cinema Office a minimum of 7 working days before the drop/add deadline (2<sup>nd</sup> Monday after classes begin) in the term you are requesting the course.

1. Complete this form and have it signed by both the full-time faculty member who has agreed to supervise your Internship and your Field Supervisor.
2. Attach a copy of your **Student Record/unofficial transcript** downloaded from your portal. How to access your Student Record: <https://www.concordia.ca/students/your-sis/view-print-unofficial-transcript.html>
1. Attach a **Project Description** of your Internship that includes the nature of the duties and activities you will undertake and the educational benefit of the project
2. Attach a **signed letter from your Field Supervisor** (on company/organisation letterhead) indicating the scope of your responsibilities and duration of the Internship
3. Complete the first section of the **Internship Agreement Form**. *Retain the original copy, which you will complete and submit at the end of your Internship* (see 7, below)
4. Combine this form along with all supporting documents in a **single PDF** and send to [filmstudies.cinema@concordia.ca](mailto:filmstudies.cinema@concordia.ca) to be signed by the FMST Undergraduate Program Director and the Dept. Chair

- 5. Within 7 calendar days you will receive an email from the Dept. Assistant indicating you must register for the course in the SIS
- 6. Within 7 calendar days of completing the Internship you must ensure your Field Supervisor completes the second section of the **Internship Agreement**, then submit the Agreement to your Faculty Supervisor with a copy to the Cinema Office, FB 319
- 7. Within 7 calendar days of completing the Internship you must also submit a **Final Report** (1-page, approx. 500 words) to your Faculty Supervisor with copies to both your Field Supervisor and to the Cinema Office. The report should outline the benefits of your Internship to your own practice and demonstrate your understanding of the organization’s social and cultural role as well as an analysis of the activities and functioning of the organization
- 8. Your grade will be entered into the SIS by your Faculty Supervisor within 7 calendar days of receiving the Final Report. Grades will only be posted once all students registered for the same section have received a grade.

**COURSE INFORMATION**

**Have you previously completed a Professional Internship or Independent Study?** Yes / No

Number of credits previously earned for Professional Internships and Independent Studies:

FMST 426 \_\_\_\_\_ FMST 427 \_\_\_\_\_ FMST 428 \_\_\_\_\_ FMST 429 \_\_\_\_\_

*NOTE: Students cannot exceed a total of 9 combined credits between internships and independent studies. Students WILL NOT receive credit past the maximum number of credits allowed.*

I am requesting registration in Professional Internship Course Number (choose one):

\_\_\_ **FMST 426 Professional Internship I** (3 credits)  
Term: summer term 1 \_\_\_ summer term 2 \_\_\_ fall \_\_\_ winter \_\_\_ Section: \_\_\_\_\_

\_\_\_ **FMST 427 Professional Internship II** (3 credits)  
Term: summer term 1 \_\_\_ summer term 2 \_\_\_ fall \_\_\_ winter \_\_\_ Section: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Start Date of Internship: (y/m/d): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

**STUDENT INFORMATION**

STUDENT Name (Print): \_\_\_\_\_

STUDENT Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

STUDENT Email: \_\_\_\_\_ TEL: \_\_\_\_\_

**COMPANY/ORGANISATION INFORMATION**

COMPANY / ORGANISATION: \_\_\_\_\_

FIELD SUPERVISOR:

Name \_\_\_\_\_

Title \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

Field Supervisor Signature \_\_\_\_\_

Location where the work will take place: (complete address and name of company or organisation): \_\_\_\_\_

\_\_\_\_\_

**DEPARTMENT APPROVALS**

Full-time Faculty Supervisor (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ (y/m/d): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FMST UPD (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ (y/m/d): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cinema Chair (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ (y/m/d): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Film Production / Film Animation / Film Studies**  
**PROFESSIONAL INTERNSHIP AGREEMENT**

**DIRECTIONS:**

The first section of the form 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, ensure the second section is completed by his/her Field Supervisor and submitted (along with a **Final Report**) to the Cinema Office (FB 319) with copies to his/her Faculty Supervisor and Field Supervisor.

**Name of Intern (print):** \_\_\_\_\_

**Name of Employer/Field Supervisor (print):** \_\_\_\_\_

**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): \_\_\_\_\_

Period of Internship:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Location where the Internship will take place (complete address):

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: \_\_\_\_\_

**Signature of Field Supervisor:** \_\_\_\_\_

**Date: (y/m/d/)** \_\_\_\_\_

**Signature of Intern:** \_\_\_\_\_

**Date: (y/m/d/)** \_\_\_\_\_

-----  
**Internship Final Assessment**

This section is to be completed by the Field Supervisor at the end of the Internship.

1. Number of hours completed: \_\_\_\_\_

2. Main tasks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Observations/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Field Supervisor (print):** \_\_\_\_\_

**Signature of Field Supervisor:** \_\_\_\_\_

**Date: (y/m/d/)** \_\_\_\_\_

**Name of Intern (print):** \_\_\_\_\_

**Signature of Intern:** \_\_\_\_\_

**Date: (y/m/d/)** \_\_\_\_\_