

# REGISTRATION FORM - SUPERVISED INTERNSHIP

*This form must be fully completed for all students performing non-remunerated stages/internships outside the University as part of their course curriculum.*

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## INSTRUCTIONS:

Students applying for a supervised internship at Concordia University- Theatre, Music, and Contemporary Dance department must submit the following documents to your Advisor:

1. Registration form - Supervised internship course form.
2. Project description of the internship.
3. CSST –Industrial Accident Coverage form.
4. Copy of your transcript.

## STUDENT INFORMATION:

Mr. / Ms. (*Please circle one*)

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Civic Number) (Street) (Apt No.) (City) (Postal Code)

TELEPHONE (HOME): \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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## COURSE INFORMATION:

Course Number: \_\_\_\_\_ Term \_\_\_\_\_ Section \_\_\_\_\_ Year \_\_\_\_\_

Course Number: \_\_\_\_\_ Term \_\_\_\_\_ Section \_\_\_\_\_ Year \_\_\_\_\_

It is the student's responsibility to set up the internship with the company. The deadline to submit the form is 5-10 working days prior to the commencement of the internship will result in the withdrawal of permission to take the course.

**PROJECT DESCRIPTION** The student must attach a 1-2 page project description using the following general headings:

1. Title of the Project
2. Detailed Description
3. Duration of the Project (include dates and number of hours. Nb. A 3-credit course normally requires 120-140 hours of work including reading, preparation, assignments, and contact hours.)
4. Learning Goals
5. Assignments/Due Dates/Meeting Times
6. Method of Evaluation (i.e., an explanation of what constitutes and "A" or "B", etc.)
7. Bibliography
8. Signature of Supervising Professional

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The undersigned has understood and completed all sections of this form in full.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Professor/Advisor Approval:

\_\_\_\_\_  
Date

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CONCORDIA UNIVERSITY – THEATRE, MUSIC, CONTEMPORARY DANCE

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# CSST - INDUSTRIAL ACCIDENT COVERAGE FOR STUDENTS

*This form must be fully completed for all students performing non-remunerated stages/internships outside the University as part of their course curriculum.*

## PLEASE READ:

-It is imperative that the student has or acquires personal health insurance coverage (medical, dental, dismemberment, death) prior to commencing this stage/internship.

-In the event of a work related injury sustained while engaged in activities related to this non-remunerated stage/internship, any incurred expenses not normally covered by Quebec Medicare must be assumed by the student's private insurance plan, or in the absence of such a plan, the student herself or himself. Students may be covered as part of a family or a partner's plan.

-Concordia University Student Union health plans (<http://ihaveaplan.ca>) and *Blue Cross* (<http://www.bluecross.com>) are possible options for obtaining individual health insurance coverage.

## STUDENT INFORMATION:

Mr. / Ms. (Please circle one)

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Civic Number) (Street) (Apt No.) (City) (Postal Code)

TELEPHONE (HOME): \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MEDICARE NUMBER: \_\_\_\_\_

HEALTH INSURANCE PLAN INFORMATION: \_\_\_\_\_  
(Insurance Company)

\_\_\_\_\_  
(Full Name of Insured – if covered by another person's plan) (Policy No.) (Certificate No.)

## CONTACT PERSON IN CASE OF ACCIDENT OR INJURY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Civic Number) (Street) (Apt No.) (City) (Postal Code)

TELEPHONE NUMBER: \_\_\_\_\_

## UNIVERSITY CONTACT PERSON: (Professor, Placement Officer, etc.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

INTERNAL ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

# CSST - INDUSTRIAL ACCIDENT COVERAGE FOR STUDENTS

*This form must be fully completed for all students performing non-remunerated stages/internships outside the University as part of their course curriculum.*

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## **COURSE INFORMATION:** I would like to register for:

Course Number: \_\_\_\_\_ Term \_\_\_\_\_ Section \_\_\_\_\_ Year \_\_\_\_\_

Course Number: \_\_\_\_\_ Term \_\_\_\_\_ Section \_\_\_\_\_ Year \_\_\_\_\_

Description of Assignment: \_\_\_\_\_  
\_\_\_\_\_

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## **COMPANY OR ORGANIZATION WHERE YOU WILL BE PERFORMING STAGE/INTERNSHIP:**

NAME OF COMPANY OR ORGANIZATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number) (Street) (Room No.) (City) (Postal Code)

NAME OF CONTACT PERSON: (Mr./Ms.) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**IMPORTANT:** By signing below, you, the representative of the company/organization confirm your company's/organization's agreement that this student work at your company/organization without remuneration in order to fulfil his or her course assignment as set out below.

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## **JOB INFORMATION:**

Brief Description: \_\_\_\_\_

Length of Assignment - From: \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

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The undersigned has understood and completed all sections of this form in full.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company's/Organization's Authorized  
Representative - Signature

\_\_\_\_\_  
Date

Please return this form to your Supervisor.  
Thank you for your cooperation.