



MS in Arts Administration Student Internship Plan

Your Name: _____ BU ID#: _____

Site Information:

Internship Site: _____

Site Address: _____

Street

City, State, Zip

Phone Number: _____

Site Supervisor Name: _____ Title: _____

Site Supervisor Email: _____

Internship Start Date*: _____ End Date: _____

Weekly Schedule: Mon.*: _____ Tues.: _____ Wed.: _____

Thurs.: _____ Fri.: _____ Sat.: _____ Sun.: _____

* Internships should total 150 hours for the semester

Brief Project Description:

In a few paragraphs describe your specific goals for the internship.

Be sure to address the issues identified in your Self-Assessment (write below or attach).

Site Supervisor Signature: _____ Date: _____

Advisor Approval: _____ Date: _____

Student Signature: _____ Date: _____