

UAB
DEPARTMENT OF ART AND ART HISTORY

INTERNSHIP CONFIRMATION FORM

Return completed form to:

UAB Faculty Member
Department of Art and Art History
900 13th Street South
University of Alabama at Birmingham
Birmingham, AL 35294

Tel: 205/934-4941

Fax: 205/975-2836

Student/Intern's name _____ has discussed
serving as an intern at our firm/institution/studio for the semester _____ 20____.
Fall Spring Summer

I have agreed to serve as his/her On-Site supervisor.

I agree to provide the UAB professor with an evaluation of the intern's performance
midway through the internship period and a final evaluation at the conclusion of the period.

Please describe the nature of the assignments given to the intern (may continue on separate
page):

Supervisor (print please) _____

Title _____

Institution/Organization _____

Street Address _____

City _____ State _____ Zip _____

Office Phone # _____ E-mail _____

Signature _____ Date _____