

SAVE THIS FORM TO YOUR DESKTOP.  
OPEN IN ACROBAT TO FILL-IN FORM  
FIELDS. SAVE AND EMAIL BACK TO  
LISTED FACULTY MEMBER.

**INTERNSHIP CONFIRMATION FORM**

Save and Return Completed Form via Email to:

| UAB FACULTY MEMBER NAME   | EMAIL                                  |
|---|--|
| Department of Art & Art History<br>1221 10th Avenue South, AEIVA 211<br>Birmingham, AL 35294-1264 | Tel: 205.934.4991<br>Fax: 205.975.2836 |

**THIS FORM MUST BE RETURNED  
PROMPTLY TO RECEIVE  
TRANSCRIPT RECOGNITION**

Student/Intern's name  
has discussed serving as an intern at our firm/institution/studio for the term  
20 .  
FALL/SPRING/SUMMER YEAR

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

I agree to provide the UAB professor listed above 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:

Title:

Institution/Organization:

Street Address

City

State

Zip

Office Phone#

Email

Date