University of New Orleans
MASTER OF ARTS IN ARTS ADMINISTRATION
INTERNSHIP AGREEMENT

DEGREE CANDIDATE (PRINT): ____________________________________________

HOST INSTITUTION (PRINT): ____________________________________________

PROJECTED INTERNSHIP START DATE: ________________________________

DEGREE CANDIDATE APPROVAL

- I have read and understand the Internship Guidelines and agree to undertake the duties and responsibilities of the internship as described in the Internship Proposal.
- I will conduct myself in a professional manner at all times in performing the duties of this Internship and preparing the subsequent Internship Academic Report.
- I understand it is my responsibility to meet determined deadlines, turn in all paperwork, provide requested documentation and have regular and open communication with the major professor.

Degree Candidate Signature __________________________________________ Date __________

HOST INSTITUTION APPROVAL

- I have read the Internship Proposal, approve the proposed internship, and accept the supervisory and reporting responsibilities of this Internship.
- I warrant that I am authorized to legally represent my organization in committing to this Internship.
- I understand that following the Internship the Degree Candidate is required to write and defend before a UNO faculty committee a scholarly Internship Academic Report that will include, but will not be limited to:
  - The student’s duties, experience and work output during course of the Internship
  - Information about the host organization (with financial data restricted to that which is publicly available and, if not publicly available, has been approved for inclusion in advance by our organization)
  - An organizational and management analysis of the Host Organization, with reference to at least one comparative organization nationally and to best management practices in our organization’s field.
- I understand and agree to the required publication of the Internship Academic Report by the University of New Orleans in a scholarly context, in all media, and that our organization will have no editorial control of the Report.

Host Organization Internship Supervisor Signature __________________________ Date __________

Host Organization Internship Supervisor Name/Title (print) __________________________ Date __________

UNO ARTS ADMINISTRATION PROGRAM APPROVAL

We have read the Internship Proposal and approve the proposed Internship.

Internship Major Professor ____________________________________________ Date __________

Arts Administration Program Director __________________________________________ Date __________

[Distribution (4): 1 copy to each signing party, 1 copy to Degree Candidate file]  Rev 11/14