

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