

COLUMBIA UNIVERSITY SCHOOL OF THE ARTS | THEATRE

INTERNSHIP CONTRACT

Fill out and sign *before* internship begins

To be completed by student

Student name: _____

Concentration: _____ UNI: _____ Program Year: 1st 2nd 3rd 4th+

Internship Organization (if applicable): _____

Business address: _____

Position title: _____

Location where majority of work will occur: _____

Internship start date: _____ Internship end date: _____

Hours/week: _____ # Days/week: _____ Total internship hours: _____

To be completed by supervisor

Supervisor name(s): _____

Email: _____ Phone: _____

Description of internship duties: _____

Will the intern be paid a salary/stipend/fee? Yes _____ No _____

If "yes," indicate average weekly salary \$ _____

If "no," please detail what (if any) type of compensation the intern will receive (e.g., free tickets, MetroCard, provided meals, etc.): _____

Signatures indicates Student and Supervisor jointly agree to the terms of the internship detailed above, and promise to adhere to these terms. Supervisor will receive evaluation for Student at the end of the internship to be completed and returned to the Theatre Program Office.

Student/Intern

Internship Supervisor

For non-theatre industry internships ONLY: Concentration Head signature is required to qualify for Shubert stipend.

CH signature: _____

For Office Use Only:

- 120 hours
 - theatre related or CH app.
 - non-teaching
 - contribution <601
 - Shubert approved
- Coordinator Initial: _____