MAINE COLLEGE OF ART INTERNSHIP CONTRACT

Date_________________________ Semester of Internship __________________________

STUDENT INFORMATION
Student’s Name (Please print)_____________________________________________________
Phone ______________________________________________ Email _______________________
Current Scholastic Level  ☐ 2nd Year ☐ 3rd Year ☐ 4th Year
Declared Major (if applicable) _____________________________________________________
Do you have a current Incomplete pending for any course? Yes/No
If Yes, for which course and why?________________________________________________

EMPLOYER INFORMATION
Name of Business/Organization ___________________________________________________
Internship Contact Person and Title _______________________________________________
Mailing Address ______________________________________ Phone ______________________
________________________________________ Email ________________________________________

INTERNSHIP INFORMATION
Proposed Dates of Internship:
From ___________________ To __________________________
Number of Credits Sought _______________ Hours per Week _________________________
Hourly Wage $ _____________________________
Requirement which credits are to fill: ____________________________ Dept. ____________
Course

Are these credits toward the major? Yes/No

SIGNATURES
The individuals signing below agree to enter into and fulfill their specific roles in an internship between
the MECA student named above and the organization also named above. The terms governing this
internship contract are specified on the MECA Internship Contract Terms page. By signing this contract
the student agrees to pay the $75 Administrative Fee which will appear on the semester bill.

Student_________________________________________________________________________ Date __________________________

Employer Supervisor (Print)_________________________________ (Sign)_________________________ Date __________________________

Faculty Sponsor (Print)_________________________________ (Sign)_________________________ Date __________________________

If a majors class, signature of Department Chair________________________________________

Internship Coordinator_________________________________ Date __________________________

------------------------ ADMINISTRATIVE USE ONLY. DO NOT WRITE BELOW THIS LINE ------------------------

Dean of the College_________________________________ Date __________________________