

FILM AND MOVING IMAGE STUDIES Professional Internship Request Form Undergraduate

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FMST 426 Professional Internship I (3 credits), **FMST 427 Professional Internship II** (3 credits)

Prerequisite: written permission from the School of Cinema.

This form is to be completed by any student wishing to undertake a Professional Internship for credit toward the BFA in Film and Moving Image Studies program in the School of Cinema. **The submission of this document does not guarantee that permission will be granted; permission is subject to the discretion of the cinema department, weighed by academic and professional viability.** A BFA Film and Moving Image Studies student who has been commissioned to work in such areas as film research, archival work, editing film publications or writing film criticism, may request that this employment be considered for internship credit and will be required to submit a complete request as outlined below

GUIDELINES

Each internship must be approved in advance by a full-time FMST Faculty member and the FMST Undergraduate Program Director (UPD). The School of Cinema must be satisfied that the work will be performed under the joint supervision of a qualified professional (Field Supervisor) and a full-time FMST Faculty member to ensure your duties are in-keeping with the aims of the FMST program. Your Faculty Supervisor will determine the credit value of your internship prior to the start of the project. The workload should be equivalent to a 3-credit course (45 hours per credit = 135 hours). A written proposal describing the project must be submitted to your Faculty Supervisor prior to the work taking place.

NOTE: It is strictly forbidden to use University equipment or resources for work related to your Professional Internship without prior permission of the School of Cinema.

INSTRUCTIONS

It is the students' responsibility to submit the following documents sequentially in the following order as a SINGLE PDF **at least 7 working days before the drop/add deadline (2nd Monday after classes begin) in the term for which you are requesting internship credit.**

1. Complete this internship request form and have it signed by the full-time faculty member who has agreed to supervise your internship.
2. Complete the first section of the **Internship Agreement Form**.
3. Attach a **Project Description** of your Internship that includes the nature of the duties and activities you will undertake, the educational benefit of the project, and how you will be evaluated by your faculty supervisor.
4. Attach a **signed letter from your Field Supervisor** (on company letterhead) indicating the scope of your responsibilities and duration of the Internship, including start and end dates and the approximate total number of hours.
5. Attach a copy of your **Student Record/unofficial transcript** [downloaded from your Student Center](#)
6. Submit this form with your faculty supervisor's signature and all accompanying documents as a single PDF in the order outlined above to the cinema office via email attachment: cinema@concordia.ca, naming the file: last name_student number_internship request.pdf

Within 7 calendar days you will receive an email from the Dept. Assistant indicating the status of your request and to confirm access to register.

EVALUATION

Students are encouraged to maintain regular contact with their faculty supervisor. Students can only be evaluated through written reports at the end of the semester for which they are registered for the internship credits. The student and the faculty supervisor can agree to bi-weekly reports and/or a final report to be submitted no later than 7 calendar days after the last scheduled day of classes, before the end of the semester.

When submitting a final report to their faculty supervisor, students must attach the completed second section of the **Internship Agreement Form** and CC cinema@concordia.ca to their submission.

The report should outline the benefits of your internship to your own practice, demonstrate your understanding of the organization's social and cultural role (if it is a non-profit), as well as an analysis of the activities and functioning of the organization.

Your grade will be entered into the SIS by your Faculty Supervisor within 7 calendar days of receiving the Final Report. Grades will only be posted once all students registered for the same section have been submitted.

***(Initial here) _____ I have read and understood the preceding guidelines above.

COURSE INFORMATION

Have you previously completed a Professional Internship or Independent Study? Yes No

NOTE: Students cannot exceed a total of 9 combined credits between internships and independent studies. Requests will not be credited past this limit.

I am requesting registration in Professional Internship Course Number (choose one):

FMST 426 Professional Internship I (3 credits)

Term: Fall Winter Summer term 1 Summer term 2

FMST 427 Professional Internship II (3 credits)

Term: Fall Winter Summer term 1 Summer term 2

Start Date of Internship: (y/m/d): _____

Final Date for completion of work: (y/m/d): _____

STUDENT INFORMATION

Preferred Name _____

ID # _____

Email _____

COMPANY/ORGANISATION INFORMATION

NAME of COMPANY / ORGANISATION: _____

FIELD SUPERVISOR:

Name _____

Title _____

Tel _____

Email _____

Location where the work will take place: (complete address):

DEPARTMENT APPROVALS

Full-time Faculty Supervisor (Print Name): _____

Signature: _____ (y/m/d): _____

Undergraduate Program Director (Print Name): _____

Signature: _____ (y/m/d): _____

Cinema Chair (Print Name): _____

Signature: _____ (y/m/d): _____

PROFESSIONAL INTERNSHIP AGREEMENT

DIRECTIONS:

The first section of this agreement is to be filled out and signed by the **Intern (student)** and **Field Supervisor** prior to the start of the Professional Internship. The Intern must retain the original of this agreement and, one week prior to completing the Internship or the end of the semester (whichever is first), ensure the second section is completed by their Field Supervisor and submitted along with a **Final Report to the faculty supervisor** with the cinema office CC'd via email in one continuous PDF: cinema@concordia.ca

Name of Company/Institution: _____

Type of Intern Position: volunteer paid

Duration of the Internship placement: _____ days

Number of working hours (min. 135 for 3-credit Internship, 270 for 6 credits): _____

Period of Internship:

Start date: _____ End date: _____

If internship is remunerated:

Remuneration/hour : CAD \$ _____ / other currency _____

Process for claiming expenses (if applicable) _____

Mentorship and Training:

Type of mentorship and/or training (please select and specify):

- First-day orientation
- Assessment of skills
- Negotiation of tasks
- Introduction to other staff
- Written illustration of working procedures
- Oral explanation of working procedures
- Outlining of objectives
- Explanation of health and safety in the working place
- Other _____

Objectives

To be completed by the Field Supervisor (please select and specify):

- Regular meetings
 - Short written reports
 - Oral reports
 - Briefings with staff
 - Other: _____
- _____

Name of Field Supervisor _____ Signature _____

Date (y/m/d) _____

Name of Intern _____ Signature _____

Date (y/m/d) _____

Internship Final Assessment

This section is to be completed by the Field Supervisor at the end of the Internship. A report may be attached separately as an addition to the completion of this section.

1. Number of hours completed: _____

2. Main tasks:

3. Observations/Comments:

Name of Field Supervisor: _____

Signature: _____

Date: (y/m/d/): _____