

# School of Theatre Arts - Internships (x93)

In accordance with the University Policies, Guidelines and Forms

## Procedures/Policies:

- Each unit of credit for internship requires a minimum of 45 hours of work. [Note: This is University and ABOR policy].
- Credits are not awarded retroactively; student [must] be enrolled during the semester of the internship.
- Students must apply at least one week before the end of the semester prior to participation. Exceptions must be approved by the instructor and the student's degree advisor.
- Students must be in good academic standing as required by individual division/program.
- Number of units that can apply toward a student's academic program for undergraduates is 1-12; for graduates 3 – 6.
- Grades limited to S, P, C, D, E, I, W.<sup>1</sup>
- All internship sites must be selected from a list of places, approved by the division/program and the director of the School. An internship contract with an accompanying letter from each site must be on file with the School before the student can register for an internship.
- In order to register for an internship, the **student** must provide the following:
  - Internship application with description of project with faculty and location supervisor signatures. (If student is paid, an explanation of the academic component must be included)
  - Signed copy of Internship Contract with job description on company letterhead.
  - Signed assumption of risk release form.
- When submitting a grade sheet for an internship, **faculty** must provide the following:
  - A record of dates and hours for project (student)
  - An evaluation of academic accomplishment (faculty)
  - Student evaluation form (student)
  - Supervisor evaluation form and grade report (location supervisor and faculty)

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<sup>1</sup> University is currently discussing changing to S, P, F, I and W.



Undergraduate/Graduate Coordinating Internship Advisor

Date

**University of Arizona  
School of Theatre Arts  
Internship Contract**

An organization sponsoring an intern must assign a full-time theatre arts professional as the Internship Supervisor and agree to the following:

1. Provide a project description on company letterhead of the internship, including estimated hours per week students will spend on the project and estimated hours per week of project advisor/student intern contact. Attach to this contract. (Please see the template provided).
2. Train the intern.
3. Supervise and evaluate the intern's performance periodically throughout the term of the internships.
4. Write an evaluation of the intern's performance when the internship is completed.
5. Complete an Internship Grade Report and recommend a grade for the intern's work.

The parties agree to be bound by the applicable state and federal rules governing Equal Employment Opportunity, Non-Discrimination, and Immigration.

This contract subject to Arizona Revised Statute 38-511 regarding Conflict of Interest.

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Internship Duration: \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ hours per week  
Mo/day/yr Mo/day/yr

Accepted by: \_\_\_\_\_  
Intern Date

Accepted by: \_\_\_\_\_  
Internship Supervisor Date

Accepted by: \_\_\_\_\_  
Division/Program Director Date

Accepted by: \_\_\_\_\_  
School of Theatre Arts Director Date

Arizona Board of Regents on behalf of the University of Arizona:

Approved by: \_\_\_\_\_

Contracting Officer, University of Arizona

**Internship Contract Letter** (on the organization's letterhead) to accompany the contract form.

DATE

TO: School of Theatre Arts – Internship Director

FROM: managing/artistic director

RE: Internship

The internship program is designed to provide students in the School of Theatre Arts the opportunity to create individual projects with participating community arts organizations. The focus is on the preparation of emerging theatre artists and practitioners from across the School. The objective is for undergraduate and graduate students develop the skills and knowledge in professional and community-based theatre so they will continue such work once they leave the University.

Name of student(s) will serve as a name of division intern(s) from the School of Theatre Arts to work in name of setting/context.

The job description includes:

- List of duties and responsibilities

Hours to be worked include:

- List hour per week and include total hours of internship

The dates of the internship are \_\_\_\_\_.

The supervisor of the intern(s) will be \_\_\_\_\_.

Description of the SITE – needs to include mission statement and general information that supports the internship and the program in the School of Theatre Arts.

Sincerely Yours,

Managing/Artistic Director....

**UNIVERSITY OF ARIZONA  
ASSUMPTION OF RISK AND RELEASE FORM**

*THIS IS A RELEASE OF LEGAL RIGHTS—READ AND UNDERSTAND BEFORE  
SIGNING*

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(If student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

Program: \_\_\_\_\_

Facility: \_\_\_\_\_

I hereby agree as follows:

1. **Risks of Participation.**

I fully recognize that there are dangers and risks to which I may be exposed by participating in the Program. Attached is a description and examples of specific, significant, non-obvious dangers and risks that may be associated with the Program. I understand that the University of Arizona (the “University”) does not require me to participate in the Program, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the program.

2. **Health & Safety.**

I understand and agree that the University and its governing board, officers, employees, and agents (the “Releasees”) do not have medical personnel available at the Facility, which is the site location for my participation in the Program. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment.

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program.

I understand that neither the Releasees nor the Facility are obligated to provide transportation in connection with the Program. I understand that I am expected to carry my own automobile liability insurance coverage.



**INTERNSHIP  
STUDENT EVALUATION**

University of Arizona  
School of Theatre Arts

*Note: This form along with your written record of the dates and hours worked must be turned into your Internship instructor before a grade can be awarded.*

Name of Student: \_\_\_\_\_

Project: \_\_\_\_\_

Location: \_\_\_\_\_

Please assess yourself according to:

Discipline/Cooperation/Reliability: \_\_\_\_\_

\_\_\_\_\_

Creative Contributions: \_\_\_\_\_

\_\_\_\_\_

Problem areas/Areas you want to work on in the future: \_\_\_\_\_

\_\_\_\_\_

Assign grade for your overall work:

*Available Grades: S (Superior), P (Passing), C (Fair), D (Poor), E (Failure), I (Incomplete)*

State your reasoning for the grade \_\_\_\_\_

\_\_\_\_\_

On a separate sheet, please respond to the following questions:

1. What was the most rewarding part of the internship experience for you?
2. What was the most challenging part of the internship experience for you?
3. What difference, if any, has the internship experience made in your career/professional objectives?
4. What, if anything, would you change about your internship experience?
5. How helpful was the Outreach supervisor and your location supervisor?

**INTERNSHIP  
LOCATION/PROJECT SUPERVISOR EVALUATION**

Student

Name: \_\_\_\_\_ Semester \_\_\_\_\_

Location/Internship

Project: \_\_\_\_\_

Discipline/Cooperation/Reliability:

Creative Contributions:

Problem areas/Recommendations for improvement: .

Other Comments:

Grade for overall work: \_\_\_\_\_

*Available Grades: S (Superior), P (Passing), C (Fair), D (Poor), E (Failure), I (Incomplete)*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**INTERNSHIP  
FACULTY EVALUATION**

*Note: This form along with student evaluation and written record of the dates and hours worked and the location supervisor evaluation must be turned in with your grade sheet.*

Student Name: \_\_\_\_\_ Semester \_\_\_\_\_

Location/Internship Project: \_\_\_\_\_

Discipline/Cooperation/Reliability:

Creative Contributions:

Problem areas/Recommendations for improvement: .

Academic Accomplishments:

Grade for overall work: \_\_\_\_\_

*Available Grades: S (Superior), P (Passing), C (Fair), D (Poor), E (Failure), I (Incomplete)*

Signature \_\_\_\_\_ Date \_\_\_\_\_