

The Design School
Visual Communication Design

**Internship Program
2017 Intent Form** To be filled out by students planning to complete the eight-week internship and
Submitted to the Internship Coordinator prior to completing any other paper work.

Student Name

Student Address

Student Phone Number

Student Email Address

Internship Firm Name

Internship Firm Address

Internship Phone Number

Supervisor / Contact Person

Supervisor's Title

Supervisor's Email

Type of Firm

**How did you secure
the Internship?**

Student Signature / Date