DIVISION OF ART EDUCATION
DEPARTMENT OF ART AND ART HISTORY
THE UNIVERSITY OF TEXAS AT AUSTIN

INTERN AND INTERNSHIP CONTACT INFORMATION

Name ___________________________   UT EID ____________   Date ____________

Please provide the following contact information:

Intern
Name
E-mail address
Phone number

Intern Supervisor
Name, Professional Position
Work Address
E-mail Address
Phone number
Fax number

Art Education Faculty Internship Supervisor
Name
Work Address
E-mail Address
Phone number
Fax number

A copy of this completed information should be given to and retained by the following:
• Intern
• Intern Supervisor
• Art Education Faculty Internship Supervisor
• Graduate Coordinator