

**APPENDIX II**

**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