

KANSAS CITY ART INSTITUTE

REQUEST FOR INTERN FORM

DATE _____

SITE INFORMATION

Organization _____

Supervisor's Name _____

Website _____

Title _____

Address _____

Ph # _____ Email _____

TIME OF INTERNSHIPS

When during the year are your internships available? Check all that apply:

FALL _____ SPRING _____ SUMMER _____

INTERNSHIP INFORMATION

Title/Type of Internship _____ Number of Positions _____

Desired Hours/Schedule _____

Desired Start Date _____ End Date _____

Do you have a student in mind for this internship? YES _____ NO _____

If YES, what is the name of the student? _____

Is this paid? _____ If yes, rate of pay _____

Required qualifications _____

PLEASE NOTE

**** In order for this form to be processed, please attach a complete internship description including tasks to be performed by the intern, expected outcomes and educational benefits to the intern.**

**** Internship Site must provide a current Certificate of Liability Insurance.**

Internship description is attached

Certificate of Liability Insurance is attached

Please return this form to the office of the Registrar, registrar@kcai.edu.