



**Faculty of Arts Internship Follow-up Form**

**NAME:** \_\_\_\_\_

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

Internship Supervisor (Name and title): \_\_\_\_\_

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

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

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***Students frequently ask the McGill Arts Internship Office (AIO) to share information about past interns. Due to confidentiality policies, the AIO cannot give this information to students without your permission. Consequently, we ask all interns for permission to share your contact information (McGill email) with future interns. If you agree, please sign below.***

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Official McGill Email Address

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Signature