

**HISTORIC PRESERVATION PROGRAM**  
**School of Architecture and Allied Arts ~ University of Oregon**

**INTERNSHIP FORM**

*This form must be completed and submitted to the program office at least one month before the internship begins.*

Name: \_\_\_\_\_ Internship term: \_\_\_\_\_

INTERNSHIP DESCRIPTION: (to be completed by student)

1. Nature of the work:
  
  
  
  
  
  
  
  
  
  
2. Dates of working period and hours per week (180 hours minimum):
  
  
  
  
  
  
  
  
  
  
3. Name and location of sponsoring institution or agency; include name, title and telephone number of internship supervisor:

*Note: At the completion of the internship, the Internship Supervisor must send a letter to the Historic Preservation Program Director stating briefly the intern's actual tasks and whether the intern's work was satisfactory. Both of these statements must be received before a grade can be reported. For additional internship requirements, refer to the Graduate Program Guide.*

_____ Internship Supervisor signature	_____ Date
_____ Faculty Sponsor signature	_____ Date
_____ Director, Historic Preservation Program signature	_____ Date