



## **Art Department**

### **Practicum / Internship Guidelines**

- 1. A Practicum must be relevant to the student's anticipated career and provide a solid on-the-job learning experience. The experience must consist of between 8 and 10 hours per week per semester for each 3 credit experience and must be approved by the faculty member in the Art Dept. who will act as the on-campus UMass Lowell supervisor. The practicum/internship semester hours must total 120.**
- 2. The student must have someone on-site to act as a supervisor and contact person. The on-site supervisor must provide the UMass Lowell supervisor with a letter, on company stationary, stating a willingness to take the student, as well as the number of hours per week and anticipated duties.**
- 3. The on-site supervisor must provide the UMass Lowell supervisor with a completed evaluation form (to be provided) at mid-semester and at the end of the semester. The only grade that can be given for a Practicum/Internship is S (satisfactory) or U (unsatisfactory).**
- 4. The student must keep a journal of experiences, documentation, and other related materials that must be submitted to the UMass Lowell supervisor prior to final grading. Failure to submit the journal will result in the grade of U, regardless of the on-site supervisor's evaluation. Incompletes will not be given unless approved prior to the final grading deadline.**



**Art Department**

**Practicum Information Form** *(to be filled out by the student)*

**Student Name:** \_\_\_\_\_  
**address:** \_\_\_\_\_  
\_\_\_\_\_ **zip** \_\_\_\_\_  
**telephone:** \_\_\_\_\_  
**email:** \_\_\_\_\_

*hometown (if different from above)* \_\_\_\_\_

**Campus I.D.#** \_\_\_\_\_

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**ON-SITE:**

**Name of firm:** \_\_\_\_\_  
**address:** \_\_\_\_\_  
\_\_\_\_\_ **zip** \_\_\_\_\_  
**telephone:** \_\_\_\_\_  
**fax:** \_\_\_\_\_  
**email:** \_\_\_\_\_

**On-site supervisor:** \_\_\_\_\_

**Briefly describe job duties:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of hours per week - weekly schedule:**

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**UMass Lowell on-campus faculty supervisor:** \_\_\_\_\_

**Art Department / University of Massachusetts Lowell**  
71 Wilder Street Suite 8  
Lowell, MA 01854-3088

**phone:** (978)934-3494  
**fax:** (978)934-4050



## Art Department

### Mid-Semester Practicum Evaluation Form

*(to be completed by the on-site supervisor)*

Date: \_\_\_\_\_

Student's name: \_\_\_\_\_

Name of firm: \_\_\_\_\_  
address: \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

telephone: \_\_\_\_\_

email: \_\_\_\_\_

On-site supervisor's name: \_\_\_\_\_

Please evaluate the student intern's performance as either Satisfactory or Unsatisfactory by circling the correct one.

**SATISFACTORY**

**UNSATISFACTORY**

**Comments:** *Please comment on the student's performance, strong points, weak points, etc. This is particularly important if the evaluation is unsatisfactory.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*please mail or fax to:*

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71 Wilder Street Suite 8  
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fax: (978)934-4050



## Art Department

### End-of-Semester Practicum Evaluation Form

*(to be completed by the on-site supervisor)*

Date: \_\_\_\_\_

Student's name: \_\_\_\_\_

Name of firm: \_\_\_\_\_

address: \_\_\_\_\_

\_\_\_\_\_ z ip \_\_\_\_\_

telephone: \_\_\_\_\_

email: \_\_\_\_\_

On-site supervisor's name: \_\_\_\_\_

Please evaluate the student intern's performance as either Satisfactory or Unsatisfactory by checking off the correct one.

**SATISFACTORY**

**UNSATISFACTORY**

**Comments:** *Please comment on the student's performance, strong points, weak points, etc. This is particularly important if the evaluation is unsatisfactory.*

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Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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