

**PHOTOGRAPHY + IMAGING**  
**Internship Agreement, Registration Procedure, and Evaluation Forms**

**SPONSOR INTERNSHIP APPLICATION**  
**ATTN: INTERNSHIP COORDINATOR**

Name of Business / Organization: \_\_\_\_\_

Internship Supervisor: \_\_\_\_\_

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Internship title / Nature of Work: \_\_\_\_\_

Hours/week: \_\_\_\_ If not yet set, indicate Min/Max hrs/wk: \_\_\_\_ to \_\_\_\_ or Preferred hrs/wk: \_\_\_\_

Please approximate the work distribution, with an estimated total of 100%:

<b>TECHNICAL</b>	Percentage	<b>CLERICAL/ADMINISTRATIVE</b>	Percentage
Lighting	_____	Filing	_____
Gaffing/Grip Work	_____	Errands	_____
Photographing	_____	Reception/Telephone	_____
Lab/Processing	_____	Word Processing	_____
Computer Imaging	_____	Research	_____
Computer Graphics	_____	Office Management	_____
Print Presentation	_____	Other: _____	_____
Other: _____	_____		
<b>TECHNICAL % TOTAL</b>	_____	<b>CLERICAL/ADMIN % TOTAL</b>	_____

**OTHER INTERNSHIP DUTIES** (Please specify):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER DUTIES % TOTAL** \_\_\_\_\_ **ALL TOTALS = 100%**

**SKILLS REQUIRED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKILLS PREFERRED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEARNING OPPORTUNITY:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THIS APPLICATION by email [photo.tsoa@nyu.edu](mailto:photo.tsoa@nyu.edu) or by fax 212/995-4068