FILM 197B - FIELD STUDIES INTERNSHIP AGREEMENT FORM

This course is open to Film Majors only who are in good standing (2.0 GPA or Better) and have completed 60 units of credit.

Student Information
Name of Student: ____________________________ SID: ____________________________ Email: ____________________________
Address: ____________________________ # of Units Completed: ____________________________

How will the work described relate to your academic training?

Semester/Year in which the filed work is to be done? ____________________________
Number of hours the student will work per week? ____________________________ (Must be at least 9 hours per week)

The undersigned student agrees to spend at least 9 hours per week in the field study doing the work specified below under the direction of the supervisor. S/he will keep track of hours, exercise initiative in the field study, and will inform the supervisor if there is a question or a problem in meeting these commitments.

Student's Signature: ____________________________ Date: ____________________________

Off-Campus Work Organization Information
Name of Supervisor: ____________________________ Phone: ____________________________ Email: ____________________________
Name of Company: ____________________________
Department in which the student will be working: ____________________________
Address: ____________________________
Nature of Internship (Specific Duties): ____________________________

How will the supervisor evaluate the student’s work?

The undersigned supervisor agrees to provide at least 9 hours of work each week for the student in the field studies position. S/he will set aside a minimum of 15 minutes a week for a regular feedback session with the student and will contact the Faculty Sponsor to discuss the student’s performance 2 weeks before the end of the semester in which the filed study/internship is being performed.

Supervisor's Signature: ____________________________ Date: ____________________________

Faculty Sponsor Information
Name of Faculty Sponsor: ____________________________ Dept: ____________________________
Office Phone: ____________________________ Email: ____________________________ Department Phone: ____________________________

What are the academic requirements for this internship (journal, essay, etc.)?

The undersigned Faculty Sponsor agrees to meet periodically during the semester with above student to discuss the field study work and to determine a Pass/No Pass grade for the student based on the completion of the pre-determined academic requirements and the comments of the filed study supervisor.

Faculty Sponsor Signature: ____________________________ Date: ____________________________

UC Berkeley, Film Studies Program, 7408 Dwinelle Hall MC2670, Berkeley, CA 94270-2670
510-6421415, rfa@berkeley.edu

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