

**Research Internship Proposal Form
AHIS 4600-1**

A copy of this completed form should be retained by the student, the instructor, the placement supervisor and by the Division office.

Prerequisites: 15 Credits AHIS; Proposal; Approval and Signatures.

Student's name and ID# _____

Semester in which study will be taken

Year: Fall Winter Summer I Summer II

Placement Information

Organization: _____ Supervisor: _____

Telephone: _____ Email: _____

Arrangement for meetings of student and supervisor: _____

NSCAD AHCS Instructor Information

Instructor: _____ Requirements for credits to be granted:

Telephone: _____

Email: _____

Proposal Title: _____

Proposal and Bibliography (please attach)

Divisional Chair Signature: _____ **Date:** _____

NSCAD Faculty Signature: _____ **Date:** _____

Placement Supv. Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____