



Samuel P. Harn Museum of Art Internship Application Form

Please answer all questions completely by typing answers in the designated fillable areas. For instructions, see www.harn.ufl.edu/intern. Submit the completed application to the Internship Coordinator at register@harn.ufl.edu

First Name Last Name Preferred Name

Current Address Valid Through (Date)

State ZIP Code Country of Citizenship City

Phone Number UF ID # Email Address

Permanent Address

City State ZIP Code

Indicate which semester(s) & year you are applying for:

Fall 20____ Spring 20____ Summer 20____

Are you applying for course credit for this internship?

Yes No Undecided

Are you enrolled in the UF Museum Studies program?

Yes No I am pursuing a certificate in Museum Studies.

Indicate funded scholarships for which you would like to be considered. (Please refer to the instructions for more information about funded scholarship availability and requirements.)

- The E. Robert Langley Scholarship
- The Dixie Neilson Museum Studies Registration Internship
- The Criser Internship



Internship Letter of Recommendation Form

www.harn.ufl.edu/intern

NOTE TO APPLICANT: Provide this form to your recommender along with any additional information they may request. Fill in your name and check a box below to indicate how the form is to be returned.

Recommender, please return this form to:

- The applicant Internship Program at register@harn.ufl.edu

Applicant's Name

Reference Contact Information

First Name	Last Name		
Title	Organization/Affiliation		
Mailing Address	City	State	Zip
Telephone	Email		

Relationship to Applicant

Recommendations may be letters, short answers or bullet-points. Please address the following.

- How long and in what capacity have you known the applicant?
- How is this project significant to the applicant's educational and/or professional development?
- How would you assess the applicant's ability including: strengths, talents & seriousness of purpose?
- How does this candidate rank compared to others you have recommended for similar opportunities in recent years? Top ___% 10% 15% 25% 50%
- Please state any reservations you have about this applicant's ability to successfully complete this internship.

Signature of Recommender

Date



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Signature of Recommender

Date

In support of the University's effort to maintain and foster safety and security of students, faculty, staff and volunteers, the Harn Museum of Art at the University of Florida requires criminal background checks on all new staff and volunteers.

All criminal background checks will be coordinated through Recruitment and Staffing, Human Resources. Determination of the type of criminal background checks to be conducted will be made by Human resource Services in conjunction with the Harn Musuem's Human Resouces Manager.

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE. Information regarding your background screening appointment will be sent after this form is received.

NAME: _____
Last First Middle

ALIAS/MAIDEN: _____ RACE: _____ SEX: _____ Date of Birth: _____

W=White,non-Hispanic B=Black, non-Hispanic H=Hispanic A = Asian/Pacific I=American Indian/Islander Alaskan Native

UF ID # (if any): _____

CURRENT ADDRESS: _____

CITY AND STATE OF RESIDENCE FOR THE LAST SEVEN YEARS: _____

EMAIL ADDRESS: _____