



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 via email 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

Department and Project Selection

Please list three Harn departments, supervisors and projects in which you would like to work, with “1” denoting the department in which you are most interested. **For a list of current project descriptions, go to www.harn.ufl.edu/intern.** If you are submitting a student-initiated proposal (optional), indicate this in the “project” space by writing “SIP”.

1. _____
Department and Supervisor _____ Project _____
2. _____
Department and Supervisor _____ Project _____
3. _____
Department and Supervisor _____ Project _____

Availability Information

The following information is necessary for proper internship placement. Please note that most **museum staff members work a standard work week (8 AM to 5 PM, M-F)**, although the Harn Museum of Art is open to the public Tuesday through Friday from 10 AM to 5 PM, Saturday from 10 AM to 5 PM, and Sunday from 1 PM to 5 PM. Please keep these hours of operation in mind as you make a tentative schedule; work hours will ultimately be dictated by the requirements of the specific internship for which you are applying.

I am prepared to work the required number of hours as indicated in the project description.

Yes No

Signature

I authorize and release the University of Florida to verify all information submitted in support of my application, including but not limited to my application and résumé. I certify that the application and/or résumé submitted are a complete and accurate description of my work experience, education and background. I further certify that the answers to the above questions are true and complete to the best of my knowledge.

Signature

Date

Remember to include additional required materials. Submit your application via email to the Internship Coordinator at register@harn.ufl.edu

- Cover letter (letter of intent)
- Résumé
- Two recommendation forms (pages 3 & 4 of this document)
- Official or unofficial transcript
- Writing or graphic design samples (if appropriate)



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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Date