

Archives Concentration



Practical Experience Approval Form

Prior to each practical experience, please complete and discuss this form with your concentration adviser. Submit an additional copy of the completed form as a pdf to Susan Van Dyne (svandyne@smith.edu)

Name: _____ Graduation Year: _____

Concentration Adviser: _____

<p>Site for proposed Internship, volunteering or work experience</p>	<p>Name of site:</p> <p><u>Supervisor</u> Name and title:</p> <p>Phone:</p> <p>E-mail address: Web site URL:</p>
<p>Description of proposed internship, volunteering or work experience, including type of work and supervision you'll receive</p>	
<p>Begin and end dates</p>	
<p>Anticipated total work hours For Praxis funding, must be 220 hours in a single summer; for ARX credit, must be at least 100 hours</p>	

To be completed by Concentration Adviser:
Practical experience discussed with student

Approved

Signature: _____ Date: _____

Adviser signature: _____ Date: _____