

## **Internship Application Form**

	Semester to which you are applying:		
	Fall	Spring	Summer
Personal Information			
Name:			
Current Address:			
Phone/Fax:			
Email:			
School:			
Degree/Major:			
Date of Graduation:			
Would you like to be added to our mailing lis	st? Yes	No	
How did you learn about this program?			
In order of preference, please list three depa	rtmental choices of t	he Museum	
(Conservation, Registrar, Education and Publ	lic Programming, Mu	seum Media).	
1			
2			
3			

Briefly describe your interest and qualifications in those areas (250 words).

The Museum at FIT Internship Program Seventh Avenue at 27th Street, E-301 New York, NY 10001 Fax: 212 217 4578 museuminfo@fitnyc.edu