

**University of Arizona  
College of Fine Arts  
School of Media Arts**

**Media Arts Intern Award Agreement**

Student Name: \_\_\_\_\_

email: \_\_\_\_\_

Have you previously received this award? \_\_\_\_\_

If yes, when: \_\_\_\_\_

In accepting this award, I understand

- ∞ I must pay all encumbrances (i.e. fees, fines, etc.) to the UA before receiving the award money.
- ∞ any changes in my internship status must be submitted in writing and approved by the Media Arts Director of Internships, in order to keep the award.
- ∞ recipients of Media Arts Intern Awards may be asked to speak at a Media Arts event.
- ∞ I give my permission to the College of Fine Arts and the School of Media Arts to publicize my name as a recipient of this award and, as appropriate, to share my name with the donors who contributed to this award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Registered for M AR 493 or M AR 593 : \_\_\_\_\_

SIS Check Complete: no fines **OR** Amount Owed \_\_\_\_\_ Dept Owed \_\_\_\_\_ Account Cleared \_\_\_\_\_

**APPROVED for Processing**

Sent to Bursar

Check Issued