

Internship Registration Form

Name: _____

Mailing Address: _____

Phone #: _____

E-mail: _____

Permanent Address: _____

Are you a U.S. citizen? yes no Country: _____

College/University: _____

Major(s): _____ Minor(s): _____

Date of Graduation: _____

Internship Semester: Fall Spring Summer 20_____

Availability: **MON** **TUE** **WED** **THUR** **FRI**

Morning (8:30-Noon)

Afternoon (1:00-5:00)

Check the OKCMOA division(s) for which you are applying:

Curatorial Education Film Development Marketing

Relevant Courses: _____

Languages: French German Spanish Other: _____

Additional Skills: _____

Completed applications and supporting materials should be mailed to:

Bryon Chambers, Assistant Curator of Education

Attn: Internship Program

Oklahoma City Museum of Art

415 Couch Drive

Oklahoma City, OK 73102

Please direct questions to bchambers@okcmoa.com or 405-278-8212 (800-579-9278, ext. 212)