MUSIC INTERNSHIP PROPOSAL

TERM (Fall or Spring) and Year: _____Credits _____

STUDENT NAME _____

RUID# _____EMAIL_____

Internship Company/Organization Name _____

Address _____

Phone _____Fax_____

Contact/Supervisor Name_____

Describe the nature of the project, including its purpose, a summary of the work to be done, work hours.

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_____

_____ _____

Signature of Student *Date*

_____ _____

Signature of Off-Site Supervisor *Date*

_____ _____

Signature of Full-Time Faculty Member *Date*

PLEASE NOTE: Interns must return the signed form to the Music Undergraduate Advisor, obtain a special permission number, and register for the internship course. A total of 42 hours/semester must be completed to earn one (1) credit. Internships must serve an academic purpose, and may satisfy music elective credit.

A written evaluation must be sent or faxed to the Music Department including a PASS or FAIL grade before the start of final exams. Failure to do so will result in a TF grade until the evaluation and grade are submitted.