

MUS 489 Music Industry Internship Proposal

Student name: _____ Date: _____

Address of proposed work site: _____

Contact person: _____

Contact phone: _____

Has this person consented to completing the employer survey? _____

How many weeks will your work? _____

Starting date: _____

Ending date: _____

Briefly describe your anticipated duties during your internship:

APPROVED:

Department Head

Date

Music Industry Coordinator

Date

Advisor

Date