**Contract for Internship Credit**

**Marshall University**

**School of Music**

Complete and return to the Director of the School of Music to receive permission to enroll for credit.

Semester Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 901\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed MUS 376? \_\_\_\_ Yes \_\_\_\_ No

Have you completed an internship for credit before? \_\_\_\_ Yes \_\_\_\_ No

Proposed supervisor from MU music faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Employer Information:

Full Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, ST, Zip

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Professional Supervisor Information:

Name and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Internship Starts \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Internship Ends \_\_\_\_\_\_\_\_\_\_\_\_\_

Days of week and specific hours you will work (i.e., MWF, 11:00-11:50am)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate of Pay (if applicable) \_\_\_\_\_\_\_\_\_\_Total number of hours to be completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary statement of internship job description:

List of specific responsibilities:

I agree that the information on this form is correct and accurate. I also agree to submit any and all internship-related assignments by the designated due date and complete the stated hours of work as designated by my professional supervisor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Intern Signature Date

I agree that the information on this form is correct and accurate. I also agree to work with my intern and his/her internship advisor to evaluate the student’s performance and to complete requested evaluations in addition to providing the supervision and work experiences stated on this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Supervisor Signature Date

**This contract is vital to the promotion of**

**understanding and communication for the employer, the intern, and**

**the MU School of Music, and safeguards a positive experience for interns and supervisors.**

**The Faculty of the Marshall University School of Music**

**extends our deepest appreciation to the professional**

**supervisor for his/her cooperation in making this internship possible.**