

**Performing Arts Management Internship Application**

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

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

Student ID: \_\_\_\_\_

Year in School: \_\_\_\_\_

Term/Year in which Internship will primarily be conducted: \_\_\_\_\_

Internship Organization/Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contact/Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_ / \_\_\_\_\_

Estimated Number of Hours per Week: \_\_\_\_\_

Describe what you believe your internship will entail, based on discussions with Supervisor, job posting information, etc. (attach separate page, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Internship Supervisor Signature: \_\_\_\_\_

Submit to Alan Salzenstein (Room #303) for approval and registration. Registration in Performing Arts Management Internships must be handled by department (not the student).

For Office Use: Term/Year \_\_\_\_\_ Credit Hours \_\_\_\_\_ Grade: \_\_\_\_\_