



INDIANA UNIVERSITY

JACOBS SCHOOL OF MUSIC

Bloomington

A480 planning sheet

The purpose of this form is to outline an agreement between the student and the internship facility and/or supervisor. It must be completed by both the student and the internship supervisor.

Student Name: _____

Internship facility: _____

Address: _____

Supervisor: _____

Email: _____ Telephone: _____

Internship duration: from _____ to _____

How many hours per week will the intern be expected to work? _____

Describe the intern's daily schedule: _____

Will the intern be paid? _____

What duties will the intern perform?

What training should the intern expect to receive during the internship?

Supervisor Signature

Intern Signature

Department of Audio Engineering and Sound Production

IU Jacobs School of Music

200 S. Eagleson Avenue, Room C-039

Bloomington Indiana 47405

mstucker@iu.edu • 812-856-4897