



**ILLINOIS STATE
UNIVERSITY**
Illinois' first public university

College of Fine Arts
Office of the Dean

116 Center for Visual Arts
Campus Box 5600
Normal, IL 61790-5600
Telephone: (309) 438-8321
Facsimile: (309) 438-8318
TDD: (309) 438-8620

Application for MUS298 Professional Practicum in Music Business

To Be Filled Out By Internship Employer

The Bachelor of Science in Music Business offered by the Illinois State University School of Music requires a practicum course that allows students to receive course credit by working for an employer in the Music Industry. The School of Music (SOM) recognizes that internships are a very valuable experience in that they allow the student to apply what they have learned in classes to a “real world” situation.

The student enters the internship program seeking additional understanding of the Music Industry. The SOM specifies that the work assignment must be challenging, meaningful, and enhance the educational experience. The student must work a minimum of 48 hours at the work site per one hour of credit. This required course may be repeated for up to 6 credit hours.

At the completion of the internship the student’s supervisor is required to contact the SOM Internship Coordinator (Rose Marshack rmarsh@ilstu.edu) and recommend a Credit / No Credit grade for the internship.

Student Intern _____

ULID _____

ID# _____

Credit hours applying for (1 credit = 48 hours of “on the clock” work) _____

Name of Employer / Business

Address _____

City _____

State _____ Zip _____



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Supervisor of Intern and Title

E-mail _____

Telephone () _____

Title of Internship Position _____

Dates of Internship _____ to _____

Working Hours (per day/per week) _____

Is this a paid position? Yes _____ No _____

If this is a paid position, how is compensation determined?

Hourly \$ _____/Hr.

Monthly \$ _____/Mo.

Flat fee \$ _____/Internship

Other \$ _____/ _____

Describe duties:



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RELEASE OF CLAIMS

The undersigned Employer and Student Intern hereby release and forever discharge Illinois State University, its employees and subdivisions from all claims and demand of any nature arising from this internship or any activities related to this internship.

Student Intern Signature _____ Date _____

Employer Signature _____ Date _____

ISU/SOM Coordinator Signature _____ Date _____