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| A picture containing text, outdoor, sign  Description automatically generated | INTERNSHIP APPLICATION DRAM/MUTH/MUSC 395 |

This 3.0-unit course is graded as a Pass/Fail. You will need contact information for your **Academic Supervisor** (a continuing/tenured faculty member of Dan School who has agreed to validate and oversee your internship), your **Employer** (the organization or company where you have been hired), and your **Onsite Supervisor** (the supervisor at your place of employment). **Application Deadline:** 4 weeks prior to the start of the term of the internship.

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| Student Information & Contact | | | | | |
| **First Name** | | | Click or tap here to enter text. | | |
| **Last Name** | | | Click or tap here to enter text. | | |
| **E-mail** | | | Click or tap here to enter text. | | |
| **Student #** | | | Click or tap here to enter text. | | |
| **Phone #** | | | Click or tap here to enter text. | | |
| **Degree (X)** | | | | |  |
| BMUS | | | | |  |
| BMT | | | | |  |
| DRAM Major | | | | |  |
| DRAM Medial | | | | |  |
| MUSC Major | | | | |  |
| MUSC Medial | | | | |  |
| **Year (X)** | | | |
| 3rd year |  | | |
| 4th year |  | | |
| **395 Code (X)** | | | |
| DRAM |  | | |
| MUTH |  | | |
| MUSC |  | | |

Timelines **(X)**

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| **Fall Term** |  |
| **Summer Term** |  |
| **Winter Term** |  |
| **Proposed Internship Start Date** | | | | MM / DD / YYYY |
| **Proposed Internship End Date** | | | | MM / DD / YYYY |
| **REPORT DUE DATE** *No later than 2 weeks after the End Date* | | | | MM / DD / YYYY |

Academic Supervisor

|  |  |
| --- | --- |
| **Name** | Click or tap here to enter text. |
| **E-mail** | Click or tap here to enter text. |
| **I require assistance in identifying an Academic Supervisor (Yes / No)** | Click or tap here to enter text. |

Employer

|  |  |
| --- | --- |
| **Employer Name (Organization/Company)** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **City where the work will be Performed** *(if different than above)* | Click or tap here to enter text. |
| **IMPORTANT NOTE TO EMPLOYER:** Queen’s University requires internship employers to ensure the on-the-job health and safety of our students. We will send a legal contract to this effect for you to sign and return prior to the beginning of the period of employment. | |

Onsite Supervisor

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| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Title** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **E-mail** | Click or tap here to enter text. |

Agreement of Onsite Supervisor

I have read this internship application and I agree to supervise this student. By typing my   
 name here (X\_onsite supervisor name\_) and personally returning this contract by email to [programs.danschool@queensu.ca](mailto:programs.danschool@queensu.ca), I am, in effect, providing my e-signature.

Internship Job

|  |  |
| --- | --- |
| **Job Title** | Click or tap here to enter text. |
| **Job Description** | - What is the professional context of this project? - What will your duties be?  - How many hours are anticipated? |
| **Experiential Learning Objectives** | - What knowledge/skills do you expect to gain or develop?  - How will this project enhance your overall experience as a student and/or as a professional in your field? |

Student Requirements

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| 1. **Contact a prospective Academic Supervisor** to oversee the internship. For assistance in identifying an Academic Supervisor, contact an Undergraduate Program Advisor[programs.danschool@queensu.ca](mailto:programs.danschool@queensu.ca) 2. **Email the form to your Internship Onsite Supervisor** and ask them to complete the Agreement section and return the form to [programs.danschool@queensu.ca](mailto:programs.danschool@queensu.ca), copying you on the email so that you the completed application for your own records. 3. Submission of this application indicates consent to examine your transcript to confirm the required GPA of 2.9. Once the application is approved, you will be enrolled in the internship course, but it is your responsibility to verify registration in SOLUS. 4. **Provide a written report to your Academic Supervisor**, no longer than 1500 words, **by the report due date** (listed above) in order to obtain a grade. This self-evaluative report will consider development of knowledge, skills and values, and identify areas of achievement, areas for improvement, and questions or goals to pursue in future. |

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|  | Advisor assigned | **NOTES**  Click or tap here to enter text. |
|  | Registration completed |
|  | Grade entered |