#### STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA

# College Undergraduate Internship Application

Students should apply for an internship during the term preceding the internship. Students should be able to meet eligibility criteria at the start of the term in which the internship will be served. Approval from the academic department chair and Dean is required for all internships. Retroactive approval will not be granted. Please type this document.

Term:	□Fall 20	☐ Winter 20	☐ Spring 20	Summer 20	
Student Na	ime:		ID#:		
Address: _					
Mobile Te	lephone:		Other Telephone:		
Campus E-	Mail:		Alternative E-Mail:		
Course SU	BJ and Number (	e.g., MCOM 397): MU	JSC 4997 Title of Inter	nship:	
Paid	Unpaid				
<ol> <li>Internation experiments</li> <li>Internation</li> <li>The strength</li> <li>The action</li> <li>Depart</li> <li>Internation</li> <li>Studen</li> <li>A max</li> <li>Credit hours</li> <li>Eligib during</li> <li>The States</li> </ol>	ollege cannot guar ships may be deni ences lacking suff ship issues of stipe udent's immediate visors. Faculty me cademic departments may appen in health-related hats enrolled in an a cimum of 16 credi is granted for suc- of internship activate students may re- turn the summer and	ed for a number of reas- ficient academic conter- end and expense reimbre e family, or employees mbers may not serve as nt chair will determine d additional requireme fields may be billed for approved SUNY Oneor- ts, including student tea- cessful completion of crity per credit. gister for a maximum of a maximum of 4 credits ernship Learning Agree	sons including but not lat.  ursement may vary by it of the student's immed to both Faculty Advisor the suitability of an intents to this form.  In Clinical Affiliation Lata internship are liable arching credits, may be course requirements, further than the course requirements of 15 credits of internships may be earned during the state of the course requirements.	nternship site. liate family, may not serve and Site Supervisor for the ternship site or student for the liability Insurance (current for Oneonta tuition and frapplied toward the undergolf lillment of course learning the fall or spring the winter term.	re as on-site internship the same internship. an internship experience. tly \$50, subject to change).
Total credi Total credi Total numl	ts earned for prev ts for new, propos per of hours to ser	n (Please use Degree Wious approved internshed internship: we for proposed internsterm when internship when in	ip(s): hip (40 hours equals or	ne credit:	
56 s.h. con 12 s.h. con 2.00 overa		age	ndicate completion with	1 (√).	
If yes, add	ever been convicte itional forms will		Yes No ormation may be consi	dered when reviewing yo	our application, but does not
Starting an	d Ending Dates o	f Internship: Starting da	ateEnding da	ite(Mus	st fall within the term.)
Expected d	late of graduation				

### State University of New York College at Oneonta Internship Learning Agreement

Internships at SUNY Oneonta include academic components enriched by learning opportunities outside the standard classroom setting. Student demonstration of acquired knowledge and skills is assessed by qualified faculty. For the organization that serves as the setting for the internship experience, internships offer an opportunity to contribute directly to the educational and developmental growth of participating students. This is a fillable PDF. Type all information.

## A. Contact information for all parties: Student: Student Name: Course title and number: Major: **MUSC 4997** Primary Contact Phone: SUNY Oneonta E-mail: Alternate E-mail: Internship Faculty Sponsor: Faculty Internship Sponsor name and email: Dr. Janet Nepkie, Janet.Nepkie@oneonta.edu Department/Program: Music, Music Industry Department Chair name and email: Dr. Joseph Pignato, J.Pignato@oneonta.edu Dean name and email: Dr. Jeanine Mingé, Jeanine.Minge@oneonta.edu Internship Site: Internship site representative or supervisor (Name, job title): Business/Organization Name: Dept. or Office: Virtual In-Person Internship Type: Address: E-mail: Telephone:

If your internship is unpaid, would you like to be considered for funding support?

Internship Start Date

UNPAID

\_End Date\_\_\_\_\_\_ Term Fall Winter Spring Summer Year \_\_\_\_\_

please indicate: hourly wage \$\_\_\_\_\_ or stipend\* amount \_\_\_\_\_ per/\_\_\_\_

### **B.** Academic Component Description

### Learning Outcomes as listed in the Internship Course syllabus (Attach syllabus if provided.)

	I
	1) Show understanding of industry or organization customs, practices, and terminology.
	2) Demonstrate professional skills that pertain directly to the internship experience.
	3) Demonstrate effective verbal and written communication skills.
	4) Allocate time effectively.
	5) Demonstrate effective listening skills.
	6) Participate well as a team member and build a strong professional network.
	7) Adapt effectively to changing conditions.
	8) Demonstrate proper workplace attitudes.
	9) Demonstrate effective management of individual behavior.
	10) Demonstrate ethical standards appropriate to the internship site.
1	
2	
3	
3	
3 4 5 6	
3 4 5	
5 6	nods of Faculty Evaluation of student work: Please see course syllabus.
3 4 5 6 Meth	nods of Faculty Evaluation of student work: Please see course syllabus.