**For KSU Dance Student Intern:**
Please complete the form below in collaboration with the person who will be supervising you in the sponsoring organization of your internship. Please be clear with your supervisor about any scheduling or other limitations you may have and record them in the document below. You should collaborate with your intern supervisor about the new skills and experiences you hope to gain during the internship. Please remember you are an ambassador for KSU Dance. The highest level of professionalism is expected at all times.

**For Internship Sponsor:**
Thank you for sponsoring an internship for a KSU Department of Dance student. We are excited to build relationships with organizations like yours within the community we serve. Please work with the student intern to complete the information below. To that end, please work with the student intern to articulate a list of clear outcomes (acquired skills and knowledge) that will be gained during the internship period. Also, please be mindful that your student intern may have other academic commitments.

**Organization Sponsoring Internship:**
**Name of Internship Supervisor/Contact:**

**Organization Contact Information:**
Start Date: ____________ End Date: ____________

**Student Outcomes:** (what skills or knowledge will the intern gain by completion?)
1. 
2. 
3. 

**List of typical responsibilities:**

**Benefits to internship:**

**Stipend** (if applicable):

**Housing** (if applicable):

**Number of hours expected per week:**
- Time on site   
- Off-site preparation time   

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Department of Dance
Kennesaw State University
What days of the week will the student be expected to work? ________________

Other Important Scheduling Information: (e.g. Intern must leave by 12:00 on Friday to get to class.)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Sponsoring Organization ___________________________ Date __________

KSU Dance Internship Coordinator or Chair ___________________________ Date __________

Representative from Sponsoring Organization ___________________________ Date __________

COTA Internship Advisor – Career Planning & Development ___________________________ Date __________