



Department of Dance
College of Fine and Applied Arts
University of Illinois at Urbana- Champaign

907 ½ West Nevada
Urbana, IL 61801
217-333-1010/217-333-3000 (f)

DANC 425 - Dance Internship Proposal

Student Name: _____

Academic Advisor: _____

Semester of Enrollment: _____

Internship Location: _____

Internship Supervisor: _____

Amount of Credit:

3 hours/week - 1 credit

4.5 hours/week - 2 credits

6 hours/week - 3 credits

Briefly describe your goals for the internship and list any responsibilities if they are known at this time. At the end of the internship, you must have your supervisor complete the Dance Internship Evaluation Form found online at: <http://dance.illinois.edu/current-students-and-faculty/online-forms> and submit this to your advisor.

The following signature is required before submitting the form to the Dance Office.

Academic Advisor: _____

A copy of the approved form should be given to the student and the original put into the student's file.

dance at illinois