

UCSC Theater Arts MA program
831/459-2974

J-106 Theater Arts

Thea 293 Performance Research Project/Internship

Name _____ Student ID _____

Qtr _____ Year _____

Phone _____ Email _____

Faculty Adviser _____

Title and description of proposed internship

Name of Company _____

Study Site Address _____

Local supervisor of actual work _____

Phone _____ email _____

Internship program supervisor at company _____

Supervisor signature _____

Phone _____ email _____

Hours to be completed _____

(please note that a minimum of 300 hrs work is required to gain credit for a 10 unit class. This includes actual work done, and any preparation or subsequent academic components required by your UCSC Theater Arts faculty sponsor)

Date that final work will be submitted, as arranged with the Theater Arts Department and your faculty sponsor _____

Estimated number of hours per week on project _____

Estimated number of hours with faculty sponsor _____

Instructor Approval _____

Department Approval _____

Student signature _____ Date _____