

CONFIRMATION OF MTSU MUSIC BUSINESS INTERNSHIP RIM 4000

Department of Recording Industry
Middle Tennessee State University, Box 21, Murfreesboro, TN 37132

STUDENT: This form must be completed, signed, and returned by the last day to drop without a grade during the semester you are interning.

Student Name: _____ M#: _____
MTSU E-mail Address: _____
Other E-mail Address: _____
Home Phone (____) _____ Local Phone (____) _____ Campus Box _____
Fall _____ Spring _____ Summer _____ Year _____ EXL? Yes _____ No _____
CRN: _____ Section No. _____ Credit Hours (circle one) 1 2 3 4 5 6

INTERNSHIP PROVIDER: Review the following statement from the Federal Fair Labor Standards

Act: <http://www.dol.gov/whd/regs/compliance/whdfs71.htm>

TRAINEES: The Supreme Court has held that the words "to suffer or permit to work," as used in the Act to define "employ," do not make all persons employees who, without any express or implied compensation agreement, may work for their own advantage on the premises of another. Whether trainees or students are employees of an employer under the Act will depend upon all the circumstances surrounding their activities on the premises of the employer. If all of the following criteria apply, the trainees or students are not employees within the meaning of the Act:

1. The training, even though it includes actual operation of the facilities of the employer, is similar to that which would be given in a vocational school;
2. The training is for the benefit of the trainees or students;
3. The trainees or students do not displace regular employees, but work under their close observation;
4. The employer that provides the training derives no immediate advantage from the activities of the trainees or students and, on occasion, its operations may actually be impeded;
5. The trainees or students are not necessarily entitled to a job at the conclusion of the training period; and
6. The employer and the trainees or students understand that the trainees or students are not entitled to wages for the time spent in training.

Internship Provider: _____
Supervisor: _____
Title: _____ Department: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ Ext. _____ FAX: (____) _____
E-mail Address: _____

INTERN RESPONSIBILITIES: _____

CONFIRMATION: Student Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____

For additional information please contact: Melissa Wald, Music Business Internship Coordinator
Phone (615) 494-8661 FAX (615) 250-9826 or (615) 494-7740 Email: melissa.wald@mtsu.edu
<http://recordingindustry.mtsu.edu> or <http://rim.mtsu.edu> Rev. 11-12