

MUS 459 Professional Internship Request

Semester Job # _____ [office use only]

(circle one)

Student's Name: _____ Fall / Spring / Summer 20____

Student's UIN: _____ Student's Email _____

Degree Level: _____ Concentration/major: _____

Credit Requested: 0 credit hours (0 credits, without approval from UG or Grad Comm.)

Description of Internship (1. explain what you will be doing & what the job entails; 2. give your start and end dates):

Documentation of Internship:

☒ Supervisor's Report Form (required)

☒ Student Evaluation Form (required)

☐ Other _____

Supervisor's Name & Phone Number: _____

Supervisor's Job Title: _____ Email: _____

List proposed time, date, and location for ongoing Student/Supervisor meetings:

Student Signature Date

Print Name

Supervisor's Signature Date

Print Name

*By signing here, I undertake to provide the School of Music with the Supervisor's Report at the end of the semester.

Faculty Advisor's Signature Date

Print Name

Office Use Only: _____ / _____ / 20____

Instructor of Record Signature

Date of Approval