

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 Undergraduate or Graduate Committee)

Description of Internship (1-position/organization if applicable; 2-explain what you will be doing & what the internship will entail; 3-include 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: _____

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

Student Signature	Date	Print Name
Supervisor's Signature	Date	Print Name
<small>*By signing here, I undertake to provide the School of Music with the Supervisor's Report at the end of the semester.</small>		
Faculty Advisor's Signature	Date	Print Name

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Instructor of Record Signature

Date of Approval