VERIFICATION OF MUSICAL THEATRE INTERNSHIP

Dear Internship Supervisor (Director, Choreographer, Manager, Producer, etc),

The individual listed below is a student in the Musical Theatre Program at The Catholic University of America. As part of the university’s degree program, this student has requested that his/her work with your organization be considered as partial fulfillment of a Musical Theatre Internship requirement. Please provide us with the information in Section 2 concerning the student’s work habits during his or her internship period. Your comments will guide us in deciding the student’s final grade. The student will provide you with a stamped envelope with the following name and address. The form must be returned to:

ATTN: James Mahady
Benjamin T. Rome School of Music
The Catholic University of America
Washington, DC 20064

We greatly appreciate your assistance. Thank you.

SECTION 1—TO BE COMPLETED BY THE STUDENT

<table>
<thead>
<tr>
<th>NAME OF STUDENT</th>
<th>PRODUCTION, ROLES, RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of ORGANIZATION</td>
<td>ADDRESS of ORGANIZATION</td>
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SECTION 2—TO BE COMPLETED BY THE INTERNSHIP SUPERVISOR

Was the student punctual for all call times and/or assigned work hours? If no, please provide details.

Yes ☐ No ☐ ______________________________________

Was the student fully prepared for all required duties according to schedule. If no, please provide details.

Yes ☐ No ☐ ______________________________________

Did the student remain professional during the entire internship period? If no, please provide details.

Yes ☐ No ☐ ______________________________________

Considering your answers above, what grade better defines your experiences with this student?

PASS ☐ FAIL ☐

Please confirm that this internship was at least 145 contact hours -or- a fully produced play/musical/opera

Yes ☐ No ☐

Printed Name and Signature of Supervisor

Date ________________

Please provide any additional comments on the back of this form or contact info if we need to speak with you.

School of Music Office Use ONLY

☐ A program or other verification document is attached to this form
☐ The one page written statement of duties, responsibilities and growth points is attached to this form

School of Music Faculty Signature ___________________________________________ Date ________________

updated 04/2016