



**THE CATHOLIC UNIVERSITY OF AMERICA**  
*Benjamin T. Rome School of Music*  
 Washington, DC 20064  
 202-319-5414 Fax: 202-319-6280

**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**

<b>NAME OF STUDENT</b>	<b>PRODUCTION, ROLES, RESPONSIBILITIES</b>
<b>NAME of ORGANIZATION</b>	<b>ADDRESS of ORGANIZATION</b>

**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.*

<b>School of Music Office Use ONLY</b>	
<input type="checkbox"/> A program or other verification document is attached to this form	
<input type="checkbox"/> The one page written statement of duties, responsibilities and growth points is attached to this form	
School of Music Faculty Signature _____	Date _____