VERIFICATION OF MUSICAL THEATRE INTERNSHIP

Dear Director:
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 in your production 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 rehearsal and performance of your production. 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: Dr. Joseph Santo
Assistant Dean
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

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<tr>
<th>NAME OF STUDENT</th>
<th>PRODUCTION and ROLES (Please provide dates.)</th>
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<tr>
<th>NAME of PERFORMING ORGANIZATION</th>
<th>ADDRESS of PERFORMING ORGANIZATION</th>
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SECTION 2— TO BE COMPLETED BY THE DIRECTOR

Was the student punctual for all rehearsals and performances? If no, please provide details.
☐Yes    ☐No

Did the student fully prepare (lines/staging memorized) according to schedule. If no, please provide details.
☐Yes    ☐No

Did the student remain professional during the entire production? If no, please provide details.
☐Yes    ☐No

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

Please provide any additional comments below: (You may continue on the back of this form.)

Printed Name and Signature of Director    Date
________________________________________   ______/______/_______

If we need to contact you for further information, please provide address, phone, or email: