Teaching Internship  
MU 290  
Internship Request Form

1. Your Name: ___________________________

2. Date: ________________

3. Your GPA: _________

4. Preference of Grade-level: Rank 1-5, (1 being the most preferred)
   Elementary    Middle     High    Combination of: Elementary/Middle  Middle/High

5. Circle your preferred performance concentration:
   Choir          Band          Orchestra          General Music

6. Do you have a drivers license? _________

7. Do you have a reliable car? ____________

8. How long of a commute are you willing to make? __________________

9. Where in the state would you like to do your teaching internship/live?  
   ___________________________________________________________________

10. If you have a school/teacher in mind, who is it?
    Their name: ________________________________
    School name: _______________________________
    School phone number: ________________________
    Their school email: __________________________
    School Address: ____________________________________________
                 ____________________________________________
