

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: _____
