

UNCA MUSIC INTERNSHIP PROGRAM
MUSIC DEPARTMENT

ONE UNIVERSITY HEIGHTS, CPO 2290, ASHEVILLE, NC 28804
Phone: 828-251-6432
Fax: 828-253-4573

(To be filled out by host institution)

Name Of Organization _____

Address _____ Phone no. _____

Fax _____ Email _____

Name of Supervisor _____

Job Description _____

Dates of internship: _____ through _____

Time Schedule: Hrs. per day _____ Days per week _____

Stipend (if any) _____

Comments _____

Signature of supervisor _____ Date _____

(To be filled out by student intern)

Name _____

Address _____ Phone _____

Signature of student intern _____ Date _____

(To be filled out by internship coordinator)
This position qualifies for UNCA Music Internship Credit. Based

on the time schedule indicated, _____ credit hours are approved for this position.

Signature of Coordinator _____ Date _____
music@unca.edu