



**Sound Recording Technology
Department of Music**

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Lowell, MA 01854
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FAX (978) 934-3034

INTERNSHIP APPLICATION

Student Name:

Student Number:

Permanent Address:

Address During Internship:

Phone:

Email:

Phone:

Email:

Name, Address, Phone Number of Internship Location and Sponsor:

Duties of the Internship:

Date Internship BEGINS:

ENDS:

Hours of Internship (with estimated number of hours per week):

List courses that will be taken concurrently with the Internship:

Anticipated graduation date:

Please Remember: Your internship cannot begin until a suitable letter from your Internship Sponsor has been received by the coordinator of the SRT program. Please see the Internship Guidelines for complete information and requirements.