# MUSIC THERAPY INTERNSHIP INFORMATION

***(Fill out and turn into the MEMT Office prior to leaving for your internship.)***

Name:

KU ID#

Music Therapy UG  MT GRAD Equivalency

## Internship Information:

Name of Institution:

Street Address:

City, State, Zip:

Phone Number:

Email:

Start Date       End Date

Supervisor name:

Supervisor email:

### Personal Address & Email (during internship):

Street Address:

City, State, Zip:

Phone Number:

Email:

### Other Contacts (Name, Address, Phone number, email):

Street Address:

City, State, Zip:

Phone Number:

Email: