SMGT 847: SPORT MANAGEMENT INTERNSHIP WORK SITE APPROVAL AND INFORMATION FORM

IMPORTANT: Students may not begin an internship until this form is signed by all parties.

Intern Name:	WSU ID:		
Dates of Internship:			
Semester(s)/Credit Hours to Enroll:			
Name of Organization:			
Student's Phone:			
Student's E-Mail:			
Site Supervisor:	Title:		
Supervisor's Email:			
Supervisor's Phone:			
FOR UNIVERSITY USE:			
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Submission of an internship position description			
Submission of acceptab5 (a) Informed of \$2	5.00 per credit hour fee		
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APPROVAL OF INTERNSHIP ASSIGNMENT:			
Intern Signature	Date		
Site Supervisor Signature	Date		
Faculty Supervisor (F.S.) Signature	Date		
Department of Sport Management Chair Signature	Date		
Date internship may start, as determined by F.S.:	F.S. Initials:	F.S. Initials:	

• It is imperative that pob description be established the beginning of the internship. This allows all who are involved to understand what the student will hope to accomplish and will be a yardstick for measuring student accomplishment. The job description should be made up of websted duties that have been mutually agreed upon by the student and site supervisor the length of the internship. Some possiareas of involvement are listed below, but there are other wertalated opportunities available.

facility preparation community relations personnel recruitment facility maintenance policy administration personnel training budget personnel scheduling budget management compliance personnel evaluation

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