

Internship Site Confirmation Form

Student Information:

Intern Name _____ Phone Number _____

Previous Experience:

Practicum Site Name: (RMGT 241) _____

Eligibility Information

If required, only ONE additional course can be taken concurrently with the internship.

Will you be taking 1 course concurrently with your internship?

Yes: List Course: _____

No: move on to Site Information

Site Information

Site Name _____

Department (if applicable) _____

Start Date _____ End Date _____ Voluntary Paid at \$ _____ per _____

Address _____

City _____ State _____ Zip _____

Site Phone Number _____ Website _____

Site Supervisor _____ Title _____

Phone Number _____ Email _____

Internship Job Description:

Please provide a job description listing all activities and responsibilities associated with this internship position.

Signatures:

Intern _____ **Date** _____

Site Supervisor _____ **Date** _____