

SMGT 210: SPORT MANAGEMENT PRACTICUM WORK SITE APPROVAL AND INFORMATION FORM

Student Name _____ myWSU ID _____

Address: _____

Email: _____ Phone: _____

Semester of Practicum: Fall Spring Summer Year _____

Start/Stop Dates of Assignment _____

Name of Site: _____

Address: _____

Zip: _____

Site Supervisor: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

In conjunction with your site supervisor list (in the space below) 3-5 learning experiences and/or job responsibilities in which you will engage during the practicum. The quantity and quality of the experiences will affect practicum approval. **IMPORTANT:** you may not begin your practicum until this form and the Affiliation Agreement are signed by all parties. You will be contacted by phone or e-mail by the Instructor as to when you can start.

1. _____
2. _____
3. _____
4. _____
5. _____

APPROVAL OF PRACTICUM ASSIGNMENT:

Student Signature

Date

Site Supervisor Signature

Date

Instructor Signature

Date

Department of Sport Management Chair Signature

Date

Date practicum may start, as determined by Instructor: _____ Instructor Initials: _____

6 W X G O R W R I E H S H U L D G W U P O Q U M H 6 W X G, H Q W L D O V _____ Instructor Initials: _____