

**University of West Georgia
Sport Management Program**

APPLICATION FOR INTERNSHIP APPROVAL FORM

Student Name: _____ **Semester:** _____

Student's MyUWG e-mail: _____ **Student ID#:** _____

Local Address: _____

Local Phone: (____) _____

Name of Agency: _____

Department/Sub-Unit: _____

Agency Address: _____

Name of Supervisor: _____ **Title:** _____

Supervisor's Work E-mail Address: _____ **Phone:** (____) _____

In the space below, provide a list of specific duties and activities the internship student would perform with your organization:

I certify that the above accurately depicts the daily duties of the prospective internship student.

Signature of Agency Supervisor

Date

Internship Student Signature

Date

INSTRUCTOR USE ONLY

___ **Approved**

___ **Approved with reservation(s):** _____

___ **Disapproved**

Date