

**University of West Georgia
Sport Management Program**

AGENCY ACCEPTANCE FORM OF INTERNSHIP STUDENT

Student Name: _____ **Semester:** _____

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

Local Address: _____

Local Phone: (____) _____

The agency below hereby accepts the above named student as a sport management internship student for the time period specified and under the conditions stated below.

Name of Agency: _____

Department/Sub-Unit: _____

Agency Address: _____

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

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

Fax: (____) _____

Conditions of Internship

Begin Date: _____ **Terminating Date:** _____

Student's Rate of Pay: _____

Additional Conditions/Comments: _____

The agency hereby accepts the above named student as an internship student under the terms noted above.

Agency Supervisor Signature

Date

I hereby accept this offer for an internship experience from the above named agency under the terms noted above.

Internship Student Signature

Date