**Text

Description automatically generated**

**HPSS 6655 ATHLETIC ADMINISTRATION INTERNSHIP APPLICATION**

*This form is to be completed by student and submitted to his/her HPSS faculty advisor before the registration block will be lifted.*

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name:  Enter Name Here | | Student ID #:  Enter Bengal ID # Here | |
| E-mail:  Enter Email Address Here | | Phone #:  Enter Phone # Here | |
| Semester/Year  Enter Semester & Year Here | Credits:  Enter Number of Credits Here | | Faculty Advisor:  Enter Name of Faculty Advisor Here |

**Proposed Internship Site Information:**

|  |  |
| --- | --- |
| Internship Site:  Enter Name of Site Location Here | Area/Department (if applicable): |
| On-Site Professional Supervisor:  Enter Name of Supervisor Here | Supervisor’s Title:  Enter Supervisor's Title Here |
| Supervisor’s E-mail:  Enter Supervisor's Email Addess Here | Supervisor’s Phone #:  Enter Supervisor's Phone # Here |
| Summary of Duties to be Performed and Internship’s Relationship to Athletic Leadership:  Enter Response Here | |

**STUDENT’S INTERNSHIP GOALS WORKSHEET MUST ACCOMPANY THIS APPLICATION**

**APPROVAL SIGNATURES**

|  |  |
| --- | --- |
| *Student* | *Date* |
| *Internship Supervisor* | *Date* |
| *Faculty Advisor/Course Instructor* | *Date* |