

**AGENCY ACCEPTANCE FORM: SRM 282 Practicum**

*James Madison University  
Sport and Recreation Management*

**Student Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_ **Student Phone:** \_\_\_\_\_

**JMU Student ID:** \_\_\_\_\_

**Academic Term (Semester, Year):** Fall 2020

**Recommended Hours: 90 total hours over 10 weeks**

**Required Hours: 50 total hours over 8 weeks**

**Deadlines:** All SRM 282 course assignments and evaluations must be submitted to the SRM Practicum Coordinator unless otherwise approved by the JMU SRM Practicum Coordinator.

**Start Date:**

**Completion Date:**

**Name of Agency:**

**Agency Site Supervisor:**

**Title:**

**Address:**

**Phone:**

**Email:**

**Internship Duties:**

**Internship Work Schedule:**

**If the student will be working with a direct supervisor other than you, please list name, title, email and phone below:**

The intern will be receiving compensation for working at this site -  Yes  No

I agree to accept this individual for a SRM 282 Practicum placement

\_\_\_\_\_  
*Agency Site Supervisor Signature*

\_\_\_\_\_  
*Date*

**PLEASE EMAIL or HAND DELIVER YOUR COMPLETED FORM BY 8/21/20 TO:**

**Dr. David Shonk (shonkdj@jmu.edu)  
SRM Practicum & Internship Coordinator**