

AGENCY ACCEPTANCE FORM: SRM 482 INTERNSHIP

*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: 400 total hours over 10 weeks

Required Hours: 200 total hours over 8 weeks

Deadlines: All SRM 482 course assignments and evaluations must be submitted to the SRM Internship Coordinator unless otherwise approved by the JMU SRM Internship 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 482 Internship

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**