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**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.*

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| Student’s Name:Enter Name Here | Student ID #:Enter Bengal ID # Here |
| E-mail:Enter Email Address Here | Phone #: Enter Phone # Here |
| Semester/YearEnter 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**

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