

DEPARTMENT OF CTR

REQUEST FOR PRACTICUM OR INTERNSHIP SITE APPROVAL

Do you plan to enroll in classes next FALL? Y/N

If yes, will you be applying for SUMMER financial aid? Y/N

Student Name: _____ Univ ID# _____ Practicum/Internship (circle one)

Summer Address: _____

Internship Site: _____

Department (if applicable): _____

Semester/Year Fall _____ Spring _____ Summer _____

Tentative Starting Date: _____ Ending Date: _____

Site Address: _____

City _____ State _____ Zip Code _____ Miles from UNCG Campus _____

Main Phone Number: () _____ Fax: () _____

Name and Title of Site Supervisor: _____

Site Supervisor's Phone Number: Office(_____) _____ Cell (_____) _____

Site Supervisor's Email Address: _____

Concentration (check one)
 BS-Comm Rec and Event Mgmt _____
 BS-Leisure Services Mgmt _____
 BS-Therapeutic Recreation _____

 MS-Comm Rec and Event Mgmt _____
 MS-Leisure Services Mgmt _____
 MS-Therapeutic Recreation _____

REQUIRED ATTACHMENTS

Please attach the following documents to this Request for Practicum or Internship Site Approval:

- Student must provide their professional resume.
- Student must provide a list of their learning outcomes for this practicum/internship experience.
- TR students must provide a copy of the Internship Supervisor's national TR and state RT credentials (NCTRC and (NCBRTL)
- If the practicum/internship site is less than 50 miles from UNCG, provide driving directions to the site from UNCG.

This is to certify that I have completed an interview with appropriate personnel from the above practicum or internship site, and they are willing to accept me for placement during the semester specified above.

Signature of Student: _____ **Date:** _____

Signature of Faculty Advisor: _____ **Date:** _____

This to certify that the student has been **approved at this agency** during the semester specified above, the student has provided me a **copy of their learning goals** which I agree to assist them in fulfilling, and the student has provided me with a **copy of the practicum or internship manual**.

Agency Signature: _____ **Date:** _____

____ Please check if you do **not** want to include your agency information in the CTR Internship Database

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<http://www.uncg.edu/ctr/fieldwork.html>