

# ELIGIBILITY FORM FOR PRACTICUM OR INTERNSHIP

_____ <b>HTM 455</b>
_____ <b>RPM 315</b>
_____ <b>RPM 417</b>
_____ <b>RPM 697</b>
<b>CHECK ONE</b>

PLEASE PRINT or TYPE CLEARLY:

Name of Student: \_\_\_\_\_

Univ ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Student Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Semester/Year for the Internship: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

**➔ Please attach a degree evaluation  
to this form**

**What is your concentration?**

HRM \_\_\_\_\_ TTM \_\_\_\_\_

TR \_\_\_\_\_ CR \_\_\_\_\_

LSM \_\_\_\_\_

**Who is your Academic Advisor?**

Bedini \_\_\_\_ Buettner \_\_\_\_

Byrd \_\_\_\_ Canziani \_\_\_\_

Cardenas \_\_\_\_ Gladwell \_\_\_\_

Hsieh \_\_\_\_ Schleien \_\_\_\_

Sellers \_\_\_\_ Stone \_\_\_\_

When do you plan on graduating?

\_\_\_\_\_

\_\_\_\_\_ I understand that I must **register** and **pay tuition** on time for my practicum or internship.

\_\_\_\_\_ I understand that I must purchase professional liability insurance from the Department of RTH.

## PREREQUISITES MET:

## For Office Use Only

HTM Practicum (Travel & Tourism Mgmt concentration) (RPM 315)	HTM Internship (HTM 455)	RPM Practicum (RPM 315)	RPM Internship (RPM 417)	RPM Graduate Internship (RPM 697)
_____ HTM 151 _____ HTM 261 _____ 2.0 GPA _____ Major status	_____ 2.0 GPA _____ 200 hrs. _____ Major status _____ HMT 151 _____ HMT 351 _____ MGT 312	_____ 2.0 GPA _____ RPM 111 _____ RPM 212 _____ RPM 213 _____ RPM 324 or _____ RPM 231 or _____ RPM 241 or _____ HTM 261	_____ 2.0 GPA _____ RPM 315 _____ RPM 416	Minimum of <u>24 semester hour credits</u> with a <b>3.0 or better</b> GPA and a 3.0 GPA or better in RPM coursework. Internship can be taken any time after 18 hours if the internship is not taken as capstone. Have earned a <u>minimum of 30 semester hour credits</u> in RPM courses, <u>including 6 semester hours</u> in the concentration. Professional core courses: RPM 611, 612, 613. Plus, RPM 633, 634 or 637 for the TR concentration or RPM 626, 627 for the TTCR concentration or RPM 645, 646 for the LSM concentration.

Practicum/Internship Approved \_\_\_\_ Yes \_\_\_\_ No (if no, reason) \_\_\_\_\_