

**OLD DOMINION UNIVERSITY
SPORT MANAGEMENT PROGRAM**

SM INTERNSHIP REQUEST FORM

Intern's Name: _____ UIN# _____

Address: _____

E-Mail Address: _____

Cell Phone#: (____) _____ What is your current GPA? _____

How many college credits have you completed? _____

What is your current grade level?

Semester and year you plan to do internship:

Course Number -

Name and Address of Agency or Business where you plan to do your internship?

Name of Internship Site Supervisor: _____ Cell # : (____) _____

Site Supervisor's E-Mail Address: _____

Brief Description of Internship Duties:

I request to complete my internship with the above named agency. I fully understand the requirements for internship and accept the responsibility set forth in the requirements.

Signature of Intern

Date

Proposed Start Date for Internship: _____

Proposed End Date for Internship: _____

Approval Signature of ODU Internship Coordinator: _____