## Request for Approval of Internship Position Master of Science in Sport Management Department of Kinesiology and Physical Education Northern Illinois University

Instructions: Complete this two-page form, attaching additional information as needed. Submit this request to the Sport Management Graduate Director. Please type or computer generate.

Intended semester of Internship:		Summer 20	Start date:
		Fall 20	End date:
		Spring 20	
Number of semester hours: 3 cre-	dits	R	eference #:
Student Name			Social Security #:
A 11			
Until when will you be living at the	he a	bove address?	
			c Phone ()
Permanent Address			
			Zip
Permanent Phone ()			
Sport Organization Name			
Address			
City		State	Zip
City	1	State	Zip
Agency Mission			
(attach additional narrative, if nec			

## Request for Internship Position Approval Cont'd

Sport Organization Superv	isor					
Supervisor Title		Phone (				
Fax (	e-1	mail				
credentials, previous exper	rience supervising gra	aduate interns). At	fessional degree, professional tach additional narrative if neede			
if needed.			gency. Attach additional narrative			
How would these responsi	bilities apply to your	academic backgro	und and future career aspirations			
Student Signature			Date			
Sport Management Gradua	ate Director		Date			
Δnnroval	Denied					