

Western Kentucky University
Department of Kinesiology, Recreation, and Sport
Sport Management Internship Application

Student Name: _____ WKU 800# _____

Semester of Internship: _____ Student E-mail Address: _____

Address during Internship: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Proposed Internship Agency Name: _____

Agency Contact/Supervisor: _____

Agency Contact E-mail: _____

Agency Phone: _____ Agency Fax: _____

Address: _____ City: _____ State _____ Zip: _____

Proposed Internship will be for: (Check all the apply) Credit: _____ Pay: _____ Volunteer: _____

ITEMS BELOW TO BE COMPLETED BY FACULTY ADVISOR

Name of Agency Mentor: _____

Title: _____ Work Phone: _____ Cell _____

Internship Start Date: _____ Internship Completion Date _____