

AGENCY ACCEPTANCE FORM: SRM 282 Practicum

*James Madison University
Sport and Recreation Management*

Student Last Name: _____ **First Name:** _____ **MI:** _____

Student Email: _____ **Student Phone:** _____

JMU Student ID: _____

Academic Term (Semester, Year): _____

Required Hours: 90 total hours over a **minimum of 10 weeks** (9 hours per week)

Deadlines: All SRM 282 course assignments and evaluations must be submitted to the SRM Practicum Coordinator unless otherwise approved by the JMU SRM Practicum Coordinator.

Start Date: _____ **Completion Date:** _____

Name of Agency: _____

Agency Site Supervisor: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Internship Duties: _____

Internship Work Schedule: _____

If the student will be working with a direct supervisor other than you, please list name, title, email and phone below:

The intern will be receiving compensation for working at this site - ☐ Yes ☐ No

☐ I agree to accept this individual for a SRM 282 Practicum placement
(9 hrs per week for a minimum of 10 weeks).

Agency Site Supervisor Signature

Date

PLEASE EMAIL or HAND DELIVER YOUR COMPLETED FORM TO:

**Dr. David Shonk (shonkdj@jmu.edu)
SRM Practicum & Internship Coordinator**