

SMGT 210: SPORT MANAGEMENT PRACTICUM  
WORK SITE APPROVAL AND INFORMATION FORM

Student Name \_\_\_\_\_ myWSU ID \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Semester of Practicum:    Fall    Spring    Summer    Year \_\_\_\_\_

Start/Stop Dates of Assignment \_\_\_\_\_

Name of Site: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In conjunction with your site supervisor list (in the space below) 3-5 **learning experiences** and/or **job responsibilities** in which you will engage during the practicum. The quantity and quality of the experiences will affect practicum approval. **IMPORTANT:** you may not begin your practicum until this form and the Affiliation Agreement are signed by all parties. You will be contacted by phone or e-mail by the Instructor as to when you can start.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

APPROVAL OF PRACTICUM ASSIGNMENT:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department of Sport Management Chair Signature

\_\_\_\_\_  
Date

Date practicum may start, as determined by Instructor: \_\_\_\_\_ Instructor Initials: \_\_\_\_\_

Student notified of experiential learning course fee: Student Initials \_\_\_\_\_ Instructor Initials: \_\_\_\_\_