

HPSS 4490 SPORT MANAGEMENT PRACTICUM APPLICATION

This form is to be completed by student and submitted to his/her HPSS faculty advisor before the registration block will be lifted.

Student ID #:

	Enter Ben	gal ID # Here	
	Phone #: Enter Pho	ne # Here	
		Faculty Advisor: Enter Name of Faculty Advisor Here	
Proposed Practicum Site Information:			
	Area/Department (if applicable):		
visor: Iere		Mentor/Supervisor's Title: Enter Supervisor's Title Here	
ere		upervisor's Phone #: ervisor's Phone # Here	
Summary of Duties to be Performed:			
Enter Response Here			
	Enter Numb Credits Here ion: visor: Here	Phone #: Enter Pho Credits: Enter Number of Credits Here ion: Area/Dep visor: Here Enter Sup Mentor/Si Enter Sup Ere Enter Sup	

STUDENT'S PRACTICUM GOALS WORKSHEET MUST ACCOMPANY APPLICATION

APPROVAL SIGNATURES

Student's Name:

Student	Date
Practicum Mentor	Date
Faculty advisor/Course Instructor	Date