

RECREATION, PARKS AND TOURISM

Agency and Student Contact Information Form

This form must be completed and submitted to D2L before the student completes RCPT 469. This is a fillable form. Complete the form and save it by: using save as function in menu. Save file using student's "last name" followed by "contact information form" (example: Smith_contact_information_form)

Student's Name _____

Student ID Number _____ Concentration _____

Student's Permanent Mailing Address

Street _____

City _____ State _____ Zip _____

Cell Phone _____

Agency Approval Source: RCPT Agency List Agency Internship Survey

Agency Supervisor Name _____

Position Title _____

Agency Name _____

Mailing Address Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Student/Agency Contract: Beginning Date _____ Ending Date _____

Provide brief overview of the internship position and responsibilities:

