St. Cloud State University

Department of Physical Education, Recreation and Sport Science

Recreation Administration Internship Agency Approval Form

Agency _____

Address _____

City, State _____ Zip _____

Contact Person _____ Phone _____

Semester Available _____ Paid _____

Application Deadline _____

Program Component or Areas (please provide detail and describe assignments and responsibilities to be included in the student internship in each component or area)

Experience or training requirements prior to internship (please describe any prior experience, training, special skills, or certifications that you require or prefer for the internship)

Qualifications of Agency Supervisor (including educational degree(s), years of experience, and description of experiences with the agency)

Return to:

Recreation Curriculum Coordinator
227 Halenbeck Hall
St. Cloud State University
720-4th Ave S
St. Cloud, MN 56301-4498