

**WESTERN MICHIGAN UNIVERSITY
DEPARTMENT OF HUMAN PERFORMANCE AND HEALTH EDUCATION
HPHE 4990 - SPORT MANAGEMENT INTERNSHIP
APPLICATION**

(Please Type or Print in Ink)

Name _____ WIN # _____

Local Address _____ Local Phone # _____

Permanent Address _____ Zip _____ Phone # () _____
Zip

Email Address _____

Minor: _____ Overall GPA _____ Graduation Date _____

Internship Agency/Org. _____

Site Supervisor _____ Title/Position _____

Mailing Address _____ City _____ State _____ Zip _____

Phone # () _____ Fax # () _____ Email Address _____

Dates of Internship _____ - _____
Begins Ends

Scope of Internship _____
Weeks # Hrs./Week = Total Hours (600 minimum)

Attach Typewritten Sheet: Applicant's Internship Responsibilities

Applicant: _____	Date _____
WMU Supervisor: _____ Recreation/Sport Coordinator	Date _____
Or HPHE Dept. Chair: _____	Date _____

Dept. Office Only:

Date of Enrollment: _____ Semester Enrolled: _____ Cr.Hr: _____
WMU Personnel Completing Registration: _____