

APPENDIX 1

	<p style="text-align: center;">RHT CONFIRMATION ELIGIBILITY FORM</p> <p style="text-align: center;">GEORGE MASON UNIVERSITY School of Recreation, Health, and Tourism 10900 University Blvd., MS 4E5 Manassas, VA 20110-2203</p>
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If you meet the academic Internship prerequisites for Exercise Science (HEAL 490), Health Promotion (HEAL 490) Parks and Outdoor Recreation (PRLS 490), Sport Management (SPMT 490), Therapeutic Recreation (PRLS 490), or Tourism and Events Management (TOUR 490), then please complete the following form and return it to your *Faculty Advisor* for approval.

Section A: Student Background Information

1. What is your name and Student ID number?

Last Name

First Name

Middle Name

Student ID Number: _____

2. Please indicate what Internship course you are intending to register for by checking (✓) the appropriate box.

Exercise Science (HEAL 490)

Sport Management (SPMT 490)

Health Promotion (HEAL 490)

Therapeutic Recreation (PRLS 490)

Parks and Outdoor Recreation
(PRLS 490)

Tourism and Events Management
(TOUR 490)

3. In what semester do you plan to intern? (Check (✓) only one box)

Spring

Summer

Fall

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Section A: Student Background Information (con'd)

4. What is your current local address?

Street

City

State

Zip-Code

Local Phone # (H): () _____

(W): () _____

Cell Phone #: () _____

GMU E-Mail: _____ @gmu.edu

Section B: Student Resume

Attach a current resume to this form.

Section C: Initial Learning Objectives

List three to five learning objectives which describe what you want to learn from the internship experience. Objectives should be concise, measurable (*e.g., identify, improve, define, compare, apply, understand, develop, write*) and attainable actions or behaviors related to particular duties of the internship. For example, 'To apply how the budget process works for large scale events'.

1. _____
2. _____
3. _____
4. _____
5. _____

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Section D: Prospective Internship Sites

Identify and provide the full address for each of the three Agencies that you are intending to contact for internship placement purposes.

1. *Agency Name:* _____

Address: _____

2. *Agency Name:* _____

Address: _____

3. *Agency Name:* _____

Address: _____

Section E: Disclosure of Information

Do you have any disability that may limit your ability to participate in certain types of work, or exposure you to risk of harm (e.g., you may have a dust allergy, and therefore should not be assigned to a high-dust environment) or create risk of harm to others (e.g., you may be subject to seizures and therefore should not be assigned to drive a motor vehicle)? If, yes please explain your learning restrictions below.

SIGNATURES

Intern - signature

____ / ____ / 2004
Month/Day - Submitted

Faculty Advisor - signature

____ / ____ / 2004
Month/Day - Date Approved

Internship Program Coordinator - signature

____ / ____ / 2004
Month/Day - Date Approved