APPENDIX 6

SPECIAL PROJECT PROPOSAL

GEORGE MASON UNIVERSITY
School of Recreation, Health, and Tourism
10900 University Blvd., MS 4E5
Manassas, VA 20110-2203

Name of Intern: _____

Name of Agency: _____

PROJECT DESCRIPTION:

PURPOSE OF PROJECT FOR AGENCY:

MAJOR PROJECT COMPONENTS (List and indicate key target dates):

SIGNATURES*

_____	____ /____ / 20____
Intern - signature	*Month/Day*
_____	____ /____/ 20____
Agency Supervisor - signature	*Month/Day*
_____	____ /____ / 20____
University Supervisor - signature	*Date Approved*

**Students must attach this form to the RHT Internship Site Confirmation Form and submit to the University Supervisor for final approval. Signing this form indicates that all parties are in complete agreement with this project.*