AUBURN UNIVERSITY
College of Forestry, Wildlife and Environment

Parks and Recreation Management PARK 4920: Internship

Agency Approval Form

Student Name_____ Student ID_____

Phone Number_____ AU Email_____

Internship Semester/Year: Fall_____ Spring_____ Summer_____ Year_____

Tentative Start Date_____ Tentative End Date_____

Agency Name_____

Street Address _____

City_____ State_____ Zip Code_____

Supervisor Name and Title_____

Supervisor Phone Number_____

Supervisor Email_____

PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS

_____ Student Resume

_____ Agency Internship Description

_____

Signature of Student Date

_____

Signature of Faculty Advisor Date

602 Duncan Drive /// Auburn, AL 36849 /// 334-844-1004
cfwe.auburn.edu