



## Sport Management Program

### Practicum Contract

Name: \_\_\_\_\_ Local Phone: \_\_\_\_\_

PID#: \_\_\_\_\_ Email: \_\_\_\_\_ Semester: \_\_\_\_\_

Site of Practicum: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

Site Supervisor Name (PRINT): \_\_\_\_\_

Site Supervisor Address: \_\_\_\_\_

Site Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Describe in Detail Expected Practicum Experience: \_\_\_\_\_

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List up to (4) Duties and/or responsibilities you will perform in order to fulfill the requirements of this practicum:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

By signing this practicum contract, both the Site Supervisor and the student acknowledge their understanding that students must work 20 field hours for each hour of academic credit. The Site Supervisor will be responsible for verifying the number of hours worked by the end of the academic semester.

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sport Management Faculty Supervisor Signature: \_\_\_\_\_