

EASTERN KENTUCKY UNIVERSITY
Department of Recreation and Park Administration
Application for Practicum - REC 463

Internship Semester: Fall____ Spring ____ Summer____ Year:_____

SOCIAL SECURITY NUMBER:_____

NAME:_____

(last) (first) (middle)

HOME ADDRESS:_____

(street) (city) (state)

LOCAL ADDRESS:_____

(street) (city) (state)

LOCAL PHONE:_____ HOME PHONE:_____

EMAIL ADDRESS:_____

PARENT/GUARDIAN:_____ PHONE:_____

ACADEMIC ADVISOR=S NAME:_____ PHONE:_____

TOTAL HOURS AT EKU: ____ TRANSFER HOURS:____ CUMULATIVE GPA:_____

EXPECTED GRADUATION DATE:_____

Curriculum Option:

- ____ Tourism and Resort Recreation
- ____ Natural Resources and Outdoor Recreation
- ____ Therapeutic Recreation
- ____ Public/Non-Profit Recreation Services

REC Fieldwork Completed:

<u>Course</u>	<u>Semester / Year</u>
REC 163	_____
REC 263	_____

Minor:_____