

**EASTERN KENTUCKY UNIVERSITY
Department of Recreation and Park Administration**

Agency Acceptance of Senior Practicum Student

This agency hereby accepts the following student as a practicum student:

NAME OF STUDENT: _____

LOCAL ADDRESS: _____

LOCAL PHONE: _____ EMAIL ADDRESS: _____

STUDENT SOCIAL SECURITY NUMBER: _____

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

AGENCY PHONE: _____ EMAIL _____

STARTING DATE: _____ CONCLUDING DATE: _____

NAME AND TITLE OF AGENCY REPRESENTATIVE: _____

REPRESENTATIVE S PHONE NUMBER: Area Code _____

GENERAL DESCRIPTION OF ASSIGNMENT:

***(Please attach a list of agency duties and responsibilities for the internship)**

CTRS #: _____ Expiration Date: _____

If Applicable:

CPRP #: _____ Expiration Date: _____

Please include a copy of current NCTRC certificate or card with this form.

The person signing as Agency Representative is responsible for completing both the midterm and final evaluations.

DATE: _____

Agency Supervisor of Internship

NOTE: Please return to Dr. Charlie Everett, Senior Practicum Coordinator, Department of Recreation and Park Administration, Begley 401, 521 Lancaster Ave., Eastern Kentucky University, Richmond, KY 40475