**OAL Student Placement Form**

DEPARTMENT OF RECREATION & LEISURE STUDIES

***ALL INFORMATION MUST BE TYPED***

**Part A: STUDENT INFORMATION**

Are you attending Ithaca College on an International Student Visa? YES NO

Is this internship within a 500 mile radius of Ithaca College? YES NO

Photocopy *(both sides)* of CPR Certification attached? YES NO

Site Acceptance Form attached? YES NO

|  |  |  |
| --- | --- | --- |
| Name: | ID#: | E-mail: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Local Address: |  |  | Permanent Address: |  |
| Local Phone: |  | Permanent Phone: |  |

|  |  |
| --- | --- |
| Major: | Academic Advisor: |
| Minor: | Total credits earned to date: |

# Part B: FACILITY/SITE INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Facility: |  | Site Supervisor Name: | |  |
| Facility Address: |  |  | Title of Supervisor: |  |
| Supervisor Address: |  |
| *(if different from facility address)* |
|  | | | | |
| FAX Number: |  |  | Phone Number: |  |
|  | | E-MAIL: |  |
|  | |
| Start Date: |  | Completion Date: | |  |

**Time Allotments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | X |  | = |  |
| TOTAL # WEEKS | # HOURS per WEEK *+* | TOTAL HOURS *++* |

*+ Commuting hours to and from the site can not be included in the overall tally of hours per week.*

*++ Students must complete a minimum of 12 weeks and a minimum of 480 hours for 8 credits. Additional hours are required for 9-12 credits. See your internship coordinator for more information.*

## Part C: COURSE INFORMATION

|  |  |
| --- | --- |
| Course you plan to registered for  *(check one)* | **RLS-34900 Advanced Fieldwork** *(2-9 credits)*  **RLS-44100 Internship in Recreation & Leisure Studies** *(8-12 credits)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Credits: |  | Semester of registration  *(choose one)*: | Fall  Spring  Summer |

### Name of Ithaca College Internship Coordinator:

Name of Ithaca College Internship Supervisor:

### Will the IC Coordinator/Supervisor be making a site visit? **YES NO**

### **Provide the following information: (1) A brief paragraph describing the professional and personal experiences you expect to gain during this internship; and (2) A list of goals or expected outcomes for the internship.**

### (1) Professional & Personal Experiences

### 

### (2) List of Goals/Outcomes:

### 

### **Part D: STUDENT SIGNATURE** *(student must sign and date in ink)*

### I give my academic advisor and internship coordinator/supervisor permission to discuss my academic performance and professional behavior with agency supervisors. Also, my signature indicates my agreement to fulfill all academic and facility requirements pertaining to the fieldwork/internship as outlined in Part B of this form and as delineated in the Guidelines for Internship and Advanced Fieldwork of the Department of Recreation and Leisure Studies.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Student Signature* |  | *Date* |

**Part E: APPROVAL SIGNATURES** *(you will not be registered until all signatures have been obtained)*

|  |  |  |
| --- | --- | --- |
| Academic Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date \_\_\_\_\_\_\_\_\_\_ |
| Internship Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date \_\_\_\_\_\_\_\_\_\_ |
| RLS Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date \_\_\_\_\_\_\_\_\_\_ |
| Office of Experiential Learning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date \_\_\_\_\_\_\_\_\_\_ |
| HSHP Dean's Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date \_\_\_\_\_\_\_\_\_\_ |

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