***[TR Student Placement Form](https://www.ithaca.edu/hshp/explearning/docs/rls/TRPetitionForm/%22%20%5Ct%20%22_blank)***

***Recreation & Leisure Studies***

***Therapeutic Recreation Interns***

***ALL INFORMATION MUST BE TYPED/NOT BOLDED***

**Part A: STUDENT INFORMATION**

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

|  |  |  |
| --- | --- | --- |
| **Major: Therapeutic Recreation**  | **Academic Advisor:**       | **Total credits earned to date:**       |
| **Minor/Concentration:**       | **GPA:**      **Class Status:**       |

**• Are you enrolled at another IC campus this semester? ☐ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐No**

**• Do you have any holds on your student account which would prevent you from being registered for this experience? ☐Yes ☐No**

# Part B: SITE/COMPANY INFORMATION (Information MUST be complete)

\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Site/Company:** |       |  | **Site Supervisor Information** |
| **Address:***Street**City, State, Zip* |       | **Name:** |       |
| **Title:** |       |
| **Supervisor Address: (if different from Site/Company address)** |  |
| **NCTRC Certification Number:** |  |
| **Phone #:** |       |
| **Fax Number:** |       |
|  |  |  | **E-mail:** |       |

### **Part C: COURSE INFORMATION**

\_\_\_\_\_\_\_

### *You will need to consult with your Academic Advisor before filling out the information in this section.*

|  |  |
| --- | --- |
| **Ithaca College Faculty Sponsor Name:** |  **[ ]**        |
| **Course you plan to be registered in:** | **[ ]  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****[ ]  Winter [ ]  Summer** |

**Estimated Time Allotments++**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | + |  | = |  |
| **# HOURS PER WEEK***Hours of work at site* | **TOTAL # WEEKS** | **TOTAL HOURS***Students must complete**60 hours per credit* |

*++ Since this is a work placement, students are given credit on the basis of the work they do.*

*Thus, commuting hours to and from the work site can not be included in the overall tally of hours.*

|  |  |  |
| --- | --- | --- |
| **Start Date:**       |  | **Completion Date:**       |

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

### I give the Fieldwork/Internship Coordinator, Academic Advisor, and the Department Chair (or Graduate Chair if applicable) permission to discuss my academic performance and professional behavior with the site/company supervisor(s). Also, my signature indicates agreement to and responsibility for fulfilling all course, department, and site/company requirements pertaining to this fieldwork/internship experience.

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

**Part E: APPROVAL SIGNATURES**

*When complete, students need to obtain the appropriate signatures below from the department faculty. Documentation of acceptance must be attached to this petition form. If documentation of acceptance is not provided it may delay petition processing. Once all department signatures have been obtained, this form should be left with your department. Your department will forward the form on to the Dean’s Office for processing and then the Office of Experiential Learning will register you for the experience.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Fieldwork/Internship Coordinator/Faculty Sponsor/Faculty Supervisor/CES Coordinator*  |  | *Date* |
|  |  |  |
| *Academic Advisor*  |  | *Date* |
|  |  |  |
| *Department Chair*  |  | *Date* |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your petition is complete and ready for final approval. Please submit your petition to your department for continued processing.**  |  |  |
| *Office of Experiential Learning/HSHP Dean’s Office*  |  | *Date* |

**Part F: Design Statement (all information must be typed)**

1. Provide a *brief paragraph* describing the professional and personal experiences you expect to gain during this internship.
2. Provide a *list of goals* or expected outcomes for the internship.