University of Florida College of Health and Human Performance Department of Tourism, Hospitality and Event Management

INTERNSHIP PROPOSAL

Complete the form below, attaching additional responses when required. Questions must be answered in full sentences, and clarification and/or additional information must be given when necessary. Your responses (including this page) **MUST BE TYPED** and presented as a formal report. **This proposal and the 13 week plan must be approved prior to making commitments (verbal or written) to intern at an agency.**

Name:	UFID #:			
Local Address:				
Permanent Address:				
Phone:	UF E-mail:			
Option Area:				
Semester of Internship:				
Name of Internship Site:				
Address:				
Phone:	Fax:			
Email:				
Internship Supervisor:				
Supervisor's Job Title:				
Degree:	University granting degree:			
Years in current position:	Years of prior experience:			
Directions: Please have the site supervisor complete the following questions regarding work hours.				
How many hours is the intern expected to work in a typical week? What percentage of the work will require physical labor? What percentage of the intern's work hours will be non-traditional? Please check all that apply: □ early morning □ late evening □ weekends □ holidays Additional comments:				

Supervisor signature:

Directions: Type the following 5 questions and your responses on a separate page(s) and attach to this form.

1. Description of the agency.

2. What are your 10 goals for the internship? List five general goals and five measurable goals.

3. Why do you think this internship site will help you meet your goals? Give specific examples from your interview and from the 13 week plan.

4. Do you have any reservations at all regarding this internship? (Location, personalities, living arrangements, expectations, etc.)

5. What can you contribute to the agency?

Directions: Check your answer to the following questions. Attach additional comments if necessary.

How did you interview with the agency?	□by phone	□by personal in	nterview
Have you ever visited the agency?		□Yes	□No
Did you provide the agency a copy of your goals?		□Yes	□No
Will this internship be a paid opportunity?		□Yes	□No
Does the agency require personal accident insurance?		□Yes	□No
Does the agency require an Affiliation Agreement Form	n from UF?	□Yes	□No
Have you attached the agency's 13 week plan?		□Yes	□No
Does the agency require an application before approvin	g you to intern?	□Yes	□No
Do you understand that you cannot make a verbal or wr to this agency until you have departmental approval?	itten commitmen	t □Yes	□No

STUDENT: "I have answered all of the above statements honestly."

AGENCY SUPERVISOR:

Initial	The agency supervisor will inform the student of an surrounding his or her work environment.	y known risk or safety issues	
Initial	The agency supervisor has reviewed the students int their best to assist the student in attaining these g	10	
Initial	The agency supervisor has worked with the student to develop a 13 week plan that meets the needs of both the internship site and the student.		
"I agree	with the above proposal."	Signature and Date	

Signature and Date

Do you understand that this internship requires the approval of the THEM \Box Yes \Box No Department before it can be finalized?

Please note: Once paperwork has been approved by THEM and signed by site leadership, the student will be required to secure a written release from the site if they seek to switch internship sites. Because we seek to maintain positive and ongoing relationships with the approved sites, switching sites after the paperwork has been prepared requires Department Chair approval. You are encouraged to consider several sites, but should not seek approval until you are sure the site best meets your objectives and educational goals.