Rev. 4/2/09

UNIVERSITY OF MINNESOTA

Division of Recreation and Sport Studies

REC 3796: Senior Internship

Placement Information Form

Please print.

1. Student's Name _____
First Last

Local Address _____
Street City State Zip

Local Telephone Numbers _____
home work

2. Placement Information

Beginning Date: _____

Ending Date: _____

3. Agency Name and Supervisor Information:

Supervisor _____

Title _____

Name of Agency _____

Address (mailing) _____

_____

Phone _____

Please return completed form to:
Dr. Connie Magnuson
224 Cooke Hall
1900 University Ave.
Minneapolis, MN 55455