

**APPENDIX B**

**UNLV PROFESSIONAL GOLF MANAGEMENT  
INTERNSHIP AGENCY DESIGNATION FORM**

Submission of this form to the Internship Coordinator constitutes official notification of the student's intention to do his/her Internship at the agency specified below. Any changes in the student's Internship agency or semester of enrollment must be made in consultation with the Internship Coordinator and the Agency Supervisor.

PLEASE PRINT:

Name of Student: \_\_\_\_\_ SSN: \_\_\_\_\_

University Address: Professional Golf Management Program  
4505 Maryland Parkway  
Box 453035  
Las Vegas, Nevada 89154-3035

University Phone: (702) 895-2932

Internship Setting (private, daily fee, resort, other-please specify): \_\_\_\_\_

Internship (#1 – #5): \_\_\_\_\_

Student PGA #: \_\_\_\_\_

Internship Agency: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency Main Phone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Agency Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Supervisor's Phone Number or Extension: ( ) \_\_\_\_\_

Agency Supervisor's E-mail Address: \_\_\_\_\_

Agency's Website: \_\_\_\_\_

Semester / Year for Internship: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Credits for Internship: \_\_\_\_\_ Tentative Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

***This is to certify that I have completed an interview with the appropriate personnel from the above agency, and they have accepted me for placement during the semester specified above.***

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_