

APPENDIX D

**UNLV PROFESSIONAL GOLF MANAGEMENT
INITIAL REPORT**

Instructions: To be completed by the student, signed by the Agency Supervisor and returned to the Internship Coordinator during the first week of Internship.

Student's Full Name: _____ SSN: _____

Student's Address: _____

_____ City State Zip Code
Student's Phone Number & Email: _____ / _____

Internship Agency: _____

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

Internship (#1 - #5): _____ Student PGA #: _____

Department (if applicable): _____

Internship Agency's Address: _____

_____ City State Zip Code

Full Name of Agency Supervisor: _____

Title of Agency Supervisor: _____

Agency Supervisor's Phone Number: _____

Agency Supervisor's Email Address: _____

Agency's Website: _____

START DATE OF INTERNSHIP: _____

TENTATIVE COMPLETION DATE: _____

Regular Work Days/Hours:

Major Duties Assigned:

Student's Signature Date

Agency Supervisor's Signature Date

Back of form may be used for comments by either Student or Agency Supervisor