

Ohio University
College of Business
Department of Sports Administration
Sport Management Program

Practicum Contract

Name: _____ Local Phone: _____

PID#: _____ E-mail Address: _____ Quarter/Year: _____

Site of Practicum: _____ # of Academic Hours: _____

Site Supervisor Name (Print): _____

Site Supervisor Address: _____

Site Supervisor Phone: _____ E-mail: _____

Describe in Detail Expected Practicum Experience: _____

List up to (4) duties and/or responsibilities you will perform in order to fulfill the requirements of this practicum:

1. _____

2. _____

3. _____

4. _____

By signing this practicum contract, both the Site Supervisor and the student acknowledge their understanding that students must work 20 hours for each hour of academic credit. The Site Supervisor will be responsible for verifying the number of hours worked by the end of the academic quarter.

Site Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Sport Management Faculty Supervisor Signature: _____