



UNIVERSITY OF
SOUTH CAROLINA

College of Hospitality, Retail
and Sport Management

School of HRTM
HRTM 495 Internship
Information Form

Semester: _____

Major: _____
 Hospitality Tourism

Student's Name _____ Student's ID # _____

Student's Address _____ City _____ State _____

Student's Phone # _____ Student's Email _____
 Area Code Number Extension

Name of Organization _____

Organization Address _____ City _____ State _____

Business Phone _____
 Area Code Number Extension

Supervisor's Name _____

Supervisor's Email _____

Intern's Job Title _____

Start Date _____ End Date _____

Days of the week Intern is expected to normally work _____

Are you compensated for this internship/practicum experience? Yes No

If you are paid a wage, what is the hourly rate? _____

If you are not paid a wage, but are compensated with a stipend, commission, housing, food or other forms of compensation, please explain: _____

Does this Internship count toward: Club Management Specialization _____, Meeting & Events Focus _____

Total Hours per Week: _____

Give a thorough description of the internship duties and responsibilities in the space below. Attach an additional sheet if necessary.

I, the student, understand that I am required to work 400 hours before the end date above.

Student's Signature _____ Date _____

I, the supervisor, understand the student must have the opportunity to work 400 hours before the end date above.

Supervisor's Signature _____ Date _____

Faculty Instructor's Signature _____ Date _____

ANY JOB-RELATED CHANGES MUST BE REPORTED IMMEDIATELY

*** Complete, sign and attach Supervisor's Business Card & Photo of Yourself ***

Submit to Glenna Gillentine

ggillentine@hrsm.sc.edu / P 803-777-2685 / F 803-777-1224