

First Name		Last Name	
TUID		Major	
Email		Phone #	
Organization		Job Title	
Experience was related to:	<input type="checkbox"/> Sport <input type="checkbox"/> Recreation <input type="checkbox"/> Tourism <input type="checkbox"/> Hospitality	Experience was found via:	<input type="checkbox"/> STHM Weekly Connections <input type="checkbox"/> Other: _____
Date of Experience	Start Date: ___ / ___ / ____	Hours Completed	
	End Date: ___ / ___ / ____	Paid/Unpaid	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Supervisor/Manager within the organization who is able to verify the hours completed:			
Name		Title	
Email		Phone	
Supervisor Signature:			
Please provide a brief summary of all duties and responsibilities at this experience:			
All of the information provided above is accurate and gives permission for the School of Sport, Tourism, and Hospitality Management to contact the Supervisor to confirm information provided.			
Student Signature:		Date: ___ / ___ / ____	