



Internship Clearance

NAME: _____ ADVISOR: _____

PHONE: _____ FSU Email: _____

SEMESTER OF INTERNSHIP: Fall/Term _____ Spring/Term _____ Summer/Term _____

AREA OF EMPHASIS:

- | | | |
|-------------------|--------------------|-------------------|
| City/County | Outdoor Recreation | Special Events |
| Campus Recreation | Tourist | Sports Management |
| MWR | Not for Profit | Resort |

		Quality	
Core Courses: (C- or above required for all core courses)	Hours	Grade	Points
LEI 3004 Introduction to Recreation	3	_____	_____
LEI 3312 Introduction to Special Events	3	_____	_____
LEI 3420 Recreation Activities Leadership	3	_____	_____
LEI 3843 Commercial Recreation & Tourism	3	_____	_____
LEI 3435 Planning Recreation Experiences	3	_____	_____
LEI 4602 Planning and Maintenance of Facilities	3	_____	_____
LEI 4551 Administration of Leisure Service Systems	3	_____	_____
LEI 4881 Assessment, Research, and Evaluation	3	_____	_____
LEI 4524 Leadership and Supervision in Leisure Systems	3	_____	_____
LEI 4930 Senior Seminar	1	_____	_____
	Agency		
LEI 4921 Field Work _____	1	_____	_____
LEI 4921 Field Work _____	1	_____	_____
LEI 4940 Internship _____	15	_____	_____
If no grade, list semester/year enrolled	**TOTAL	_____	_____

****Only include hours & quality points for courses you have completed****

Approved Specialization Courses: Minimum 15 semester hours

Course	Title	Hours	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Internship Eligibility Information

1. Cumulative hours completed to date: _____
2. Cumulative grade point average (ALL college/university courses): _____
3. Grade point average of LEI coursework: _____
(Use only LEI courses listed in Core Courses on page 1. Record to 3 decimal places)
4. All liberal studies coursework completed: ____ Yes ____ No
If no, list outstanding requirements and dates for completion: _____

5. Student has received University Graduation Check: ____ Yes ____ No
If no, list expected date of receipt: _____
6. Student updated his/her CPR/First Aid Requirement: ____ Yes ____ No
(Must be Adult/Child CPR/First Aid – No on-line courses accepted)
If no, list expected date of completion: _____ MUST BE PRIOR TO INTERNSHIP
7. Attach a copy of your Academic Requirements Report (in Student Central)

I have reviewed and attached the **Academic Requirements Report** (in Student Central). I understand that it is my responsibility to complete all university and program requirements prior to Internship. Failure to do so will result in postponement of my internship.

Student Signature _____
Date

If the clearance form is not completed properly with all information provided, the Senior Seminar instructor will return the form to the student.

_____ Based on the information provided by the student, I agree that the student should be cleared for internship.

_____ The student needs to address the following issues prior to clearance.

Senior Seminar Signature _____
Date