

# HRTM

School of Hotel, Restaurant  
and Tourism Management



UNIVERSITY OF  
**SOUTH CAROLINA**  
College of Hospitality, Retail  
and Sport Management

## 2018-2019 Practicum / Internship Agreement Form

---

### COURSE INFORMATION

Please select the course in which you are enrolling:    HRTM 290 Practicum    HRTM 495 Internship  
Major:                    Hospitality                    Tourism  
Academic semester and year when you will enroll in the course:

---

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
Student's Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_  
Student's ID #: \_\_\_\_\_

---

### PRACTICUM/INTERNSHIP INFORMATION

Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
Does this internship count toward:    Club Management Specialization    Meeting and Events    N/A  
Organization Address: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Job Title: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
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: \_\_\_\_\_  
Total hours per week: \_\_\_\_\_  
How did you find this position?  
                                 HRTM Career and Internship Fair                    Internship Director                    Handshake                    Other  
If other, please explain: \_\_\_\_\_  
Please give a brief position description below and/or attach a full job description:  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT'S SIGNATURE

**My signature below confirms my understanding that I will be enrolled in an academic course (6 credit hours) during my practicum/internship. I understand and take responsibility for reading the course syllabus, completing assignments, and acknowledge the following:**

- It is my responsibility to enroll in the practicum/internship course during the semester indicated on the Practicum/Internship Agreement Form;
- It is my responsibility to pay tuition and fees for enrollment in the course during the semester indicated on the Practicum/Internship Agreement Form according to the Bursar's due date;
- It is my responsibility to notify Ashley Richardson ([gaskina@mailbox.sc.edu](mailto:gaskina@mailbox.sc.edu) or 803.777.2685) of any changes related to the practicum/internship that may affect the details of this agreement;
- Termination by the employer will result in my receiving an "F" for the course;
- I am permitted to register for **no more** than 9 additional credit hours while enrolled in HRTM 495;
- Under no circumstances will I be permitted to enroll in HRTM 290 (Practicum) and HRTM 495 (Internship) during the same semester.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

## SUPERVISOR'S SIGNATURE

My signature below confirms my understanding that this work experience is connected to an academic course and the student must have the opportunity to work a minimum of 400 hours before the indicated end date.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

## APPROVAL OF INTERNSHIP DIRECTOR

Internship Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **ANY JOB RELATED CHANGES MUST BE REPORTED IMMEDIATELY.**

Complete, sign and attach your supervisor's business card.

Return form to Ashley Richardson, Carolina Coliseum 1016-B or [gaskina@mailbox.sc.edu](mailto:gaskina@mailbox.sc.edu).