

**University of Florida  
College of Health and Human Performance  
Department of Tourism, Hospitality and Event Management**

INTERNSHIP PROPOSAL

Complete the form below, attaching additional responses when required. Questions must be answered in full sentences, and clarification and/or additional information must be given when necessary. Your responses (including this page) **MUST BE TYPED** and presented as a formal report. **This proposal and the 13 week plan must be approved prior to making commitments (verbal or written) to intern at an agency.**

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Name: \_\_\_\_\_ UFID #: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ UF E-mail: \_\_\_\_\_

Option Area: \_\_\_\_\_

Semester of Internship: \_\_\_\_\_

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Name of Internship Site: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Internship Supervisor: \_\_\_\_\_

Supervisor's Job Title: \_\_\_\_\_

Degree: \_\_\_\_\_ University granting degree: \_\_\_\_\_

Years in current position: \_\_\_\_\_ Years of prior experience: \_\_\_\_\_

Directions: Please have the site supervisor complete the following questions regarding work hours.

How many hours is the intern expected to work in a typical week? \_\_\_\_\_

What percentage of the work will require physical labor? \_\_\_\_\_

What percentage of the intern's work hours will be non-traditional? \_\_\_\_\_

Please check all that apply:  early morning  late evening  weekends  holidays

Additional comments: \_\_\_\_\_

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Supervisor signature: \_\_\_\_\_

