

**SOUTHERN CONNECTICUT STATE UNIVERSITY**  
**RECREATION AND LEISURE STUDIES DEPARTMENT**

***FIELD EXPERIENCE UNDERSTANDING***

**Section 1**

**Part 1 – Agency**

This **UNDERSTANDING** form must be completed and returned to the Field Experience Coordinator in the Recreation and Leisure Studies Department at Southern Connecticut State University.

The \_\_\_\_\_  
**Name of Organization**

Under the direct supervision of

\_\_\_\_\_  
**Print Name of Agency Supervisor**

agrees to provide a supervised, professional field experience for

\_\_\_\_\_  
**Print Name of Student**

during the period from \_\_\_\_\_ to \_\_\_\_\_  
**Starting Date** **Ending Date of Internship**

**Proposed Job Description**

Please describe the student's duties or attach a position description.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Working Hours:**

Monday		AM	To		PM
Tuesday		AM	To		PM
Wednesday		AM	To		PM
Thursday		AM	To		PM
Friday		AM	To		PM
Saturday		AM	To		PM
Sunday		AM	To		PM

**Total Number of Hours of Field Experience:** \_\_\_\_\_

**Payment Arrangement:** Complete all that apply

No Payment Provided

Payment Provided  as described below:

Weekly Salary Amount: \$ \_\_\_\_\_

Monthly Salary Amount: \$ \_\_\_\_\_

Other Remuneration (Please check below)

A Single Payment

Transportation

Lodging

Meals

Other

If other, please specify: \_\_\_\_\_

\_\_\_\_\_

**Agency Representative/Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Agency and Representative Supervisor Information:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor Title:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Education/Degree/Major:** \_\_\_\_\_

**(For TR Internship) Supervisor Certification #:** \_\_\_\_\_

**Information of person providing day-to-day supervision (if different than above).**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Education/Degree/Major** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Part 2 – Student**

I, \_\_\_\_\_  
**Print Name of Student**

**fully understand the duties and responsibilities of this field experience as specified above, and agree to undertake and complete my assignments in a timely and professional manner.**

**Student’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Part 3 – Department**

**Once signed below, this field experience, as stated above and agreed to by both parties, is approved by the Field Experience Program Coordinator of the Recreation and Leisure Studies Department and may begin as proposed above.**

**Field Experience Coordinator’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SOUTHERN CONNECTICUT STATE UNIVERSITY  
RECREATION AND LEISURE STUDIES DEPARTMENT**

***FIELD EXPERIENCE UNDERSTANDING***

**Section 2**

**Student's Name:** \_\_\_\_\_

**Student I.D. No.** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Phone:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Include Zip**

**Address During Internship:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Include Zip**

**Phone # During Internship:** \_\_\_\_\_

**Cell Phone No.:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

