

# Initial Report

## Professional Golf Management Internship

Instructions: Once form is completed by the student and signed by the on-site internship supervisor, *return to the PGM office* during the first week of the internship.

Student's Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Internship Living Address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Living Address Telephone No. \_\_\_\_\_

Cell Phone No. (if applicable): \_\_\_\_\_

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Name of Facility: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

On-site Internship Supervisor

Supervisor's Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Supervisor's E-mail Address: \_\_\_\_\_

Internship Starting Date: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

Major Duties Assigned:

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

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

*Either Supervisor or Student may use back of form for comments.*