



# CLEMSON<sup>®</sup>

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## RECREATIONAL THERAPY

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### INTERNSHIP PRE-APPLICATION FORM

*Deadlines for pre-application form submission:*

*Summer internships: January 15th*

*Fall Internships: May 1st*

*Spring Internships: September 1st*

*\*\*Please attach a copy of your degree works with the submission of this pre-application.*

Internship semester and year student is applying for: \_\_\_\_\_

Date of pre-application form submission: \_\_\_\_\_

Student Name:

Student ID#:

Student email:

Student advisor:

Student graduation date:

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#### **Top internship choice for application**

*Please provide a detailed description of the proposed job duties for the internship. If possible, attach a copy of the job description.*

Agency name:

Agency location (city/state):

CTRS Supervisor at agency:

CTRS phone number:

CTRS email address:

**Second choice for internship application**

*Please provide a detailed description of the proposed job duties for the internship. If possible, attach a copy of the job description.*

Agency name:

Agency location (city/state):

CTRS Supervisor at agency:

CTRS phone number:

CTRS email address:

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*Please provide information for up to two back-up internship sites: **\*These must be on the list of ACTIVE agreements\****

Backup agency # 1 name:

Backup agency #1 location (city/state):

Backup agency #1 CTRS Supervisor name/email address:

Backup agency # 2 name:

Backup agency #2 location (city/state):

Backup agency #2 CTRS Supervisor name/email address:

*\*After student is approved to apply for top two choices, student must contact Carmen Hawkins ([cbh@clemsun.edu](mailto:cbh@clemsun.edu)) before applying to backup sites.*