



UNIVERSITY of NEW HAMPSHIRE

Recreation Management and Policy Program Intent to Register Form

Note: Submit two copies, with your signature and your academic advisor's signature, to the Internship Coordinator. One copy will be returned to you.

Name: _____

RMP Option: _____

Permanent Address: _____

Phone: _____

Present Address: _____

Cognate/Emphasis Area: _____

Minor (if any): _____

Advisor: _____

Check all RMP courses completed with a C (2.0) or better and required courses (excluding RMP classes) with a C- or better with an "X". Indicate with a "P" courses in which you are presently enrolled. If you are completing this intent to register form in the Fall, indicate courses you are planning to take in the Spring with a "S".

All Majors

- ___ RMP 490
- ___ RMP 501
- ___ RMP 557
- ___ RMP 563
- ___ RMP 654
- ___ Advanced First Aid & CPR

Program Administration

- ___ RMP 558
- ___ RMP 663
- ___ RMP 665
- ___ RMP Elective (1 of 2)
- at least 2 of the following
- ___ PSYC 401
- ___ HHS 540
- ___ FS 525(or SW 550)
- ___ CS 401

Therapeutic Recreation

- ___ RMP 502
- ___ RMP 503
- ___ RMP 504
- ___ RMP 603
- ___ RMP 604
- ___ FS 525
- ___ PSYC 401
- ___ PSYC 561
- ___ ZOOL 507
- ___ ZOOL 508

____ KIN 652
____ KIN 653

My career goals are: _____

The type of internship that I would like is: _____

I am applying to do my internship during: _____

Are you currently on departmental probation? Yes ____ No ____

Student Signature: _____

**PRINT THE FORM AND SUBMIT TWO COPIES FOR YOUR ADVISOR TO COMPLETE THE
REMAINDER OF THIS FORM.**

Semester GPA _____ as of _____ (semester/year)

Cumulative GPA _____ as of _____ (semester/year)

Approved for Internship _____ (Advisor Signature)

Date: _____