

# LSU COMPLIANCE

## STUDENT-ATHLETE ATHLETIC DEPARTMENT INTERNSHIP REQUEST FORM

**Note: Student-athletes are not to work for any department staff member that works directly with their sport (i.e. SID, marketing, coach, etc.).**

**1) Student-Athlete Information:** (to be completed by the student-athlete)

Name	Sport
LSU ID	Cell Phone
Is this for class credit? <input type="radio"/> Yes <input type="radio"/> No	Course Title / Section
Instructor	Number of Volunteer Hours Required
When will you be working? <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Intersession <input type="radio"/> Summer	

**2) Employer Information:** (to be completed by the Athletic Department department head) - Attach job description and possible hours

Department	Contact Person (Supervisor)
List any other current student-athletes interning in your department	

**My signature below indicates that I will abide by all NCAA rules and LSU regulations regarding my employment activities. I realize that failure to do so could result in a violation of NCAA legislation and could negatively affect my eligibility for intercollegiate competition. I certify that the information I have provided to the LSU Compliance Office and the course instructor is true and correct, and that I will report any changes to this information immediately.**

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

**My signature below indicates that I will abide by all NCAA rules and LSU regulations regarding my supervision of student-athletes. I understand this student is earning class credit and I will diligently monitor and record hours worked. Any discrepancies noticed regarding hours worked will be immediately reported to the instructor. Additionally, if the amount of hours required can no longer be provided by our department the internship opportunity will be cancelled and compliance will be notified.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**The student-athlete listed above is cleared to begin volunteer work for the department listed above:**

\_\_\_\_\_  
Compliance Staff Member's Signature

\_\_\_\_\_  
Date