



NC State University Cooperative Education Golf Course Application

Please complete the following form to be included as an NC State PGM Internship / Coop facility.

Golf Course Information

Name of Facility: _____

Type of Facility:	Daily Fee	Private Club	Semi-Private Club
	Driving Range/Training Facility	Other (please specify)_____	
# of Holes:	18	27	36
		54	More than 54

Features of the Facility (check all that apply):

Pro Shop	Seated Grill Operation
Fine Dining	Tennis
Pool	Fitness Club

Head Golf Professional: _____ PGA Member: Yes No

of Full-time Golf Staff: _____ # of Assistant Golf Professionals: _____

CO-OP Information

of PGM student internship / coop placements available: _____ Rate of Pay: _____

Housing placement assistance available: Yes No

Time Period student would be employed:	Jan	Feb	Mar
	April	May	June
	July	Aug	Sept
	Oct	Nov	Dec

Additional Benefits: Clothing / Meals / Play / Practice / Pro Shop Discounts / Other _____

Facility Contact: Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Golf Facility Website: _____

Please return all completed forms to:

Dr. Robb Wade Email: robb_wade@ncsu.edu
Professional Golf Management Program
Campus Box 8004, NC State University, Raleigh, NC 27695
Phone: 919-515-8792 Fax: 919-513-7219