DEPARTMENT OF KINESIOLOGY
INDEPENDENT EXPERIENCE/INTERNSHIP CONTRACT
(KNES 289, KNES 389, KNES 496, KNES 389K)

DATE: _______________  STUDENT ID#: ______________________
NAME: ___________________  MAJOR ______________________
       MINOR ______________________

TELEPHONE: _______________  e-MAIL: ______________________

(circle one) INDEPENDENT STUDY/INTERNSHIP:  CONTACT HOURS ______

COURSE NUMBER: KNES ______ CREDITS ___ SEMESTER/YEAR ______

1. STUDENT: WHAT DO YOU EXPECT FROM AN INTERNSHIP/INDEPENDENT EXPERIENCE

2. STUDENT: HOW WILL YOU BE EVALUATED IN THIS INTERNSHIP/INDEPENDENT EXPERIENCE.

3. SITE SUPERVISOR: PLEASE COMMENT ON HOW THIS INTERNSHIP/INDEPENDENT EXPERIENCE WILL BE BENEFICIAL TO THE STUDENT AND SITE ORGANIZATION.

4. STUDENT: PLEASE ATTACH A ONE PAGE TYPED/DIPLICATE SPACED SUMMARY STATING YOUR GOALS AND HOW THIS INTERNSHIP/INDEPENDENT EXPERIENCE WILL CONTRIBUTE TO REACHING YOUR GOALS.
5. INTERNSHIP/INDEPENDENT EXPERIENCE SITE INFORMATION: (please print)

SITE NAME_____________________________________

SITE ADDRESS_____________________________________

_____________________________________

SITE PHONE NUMBER__________________________

SITE EMAIL_____________________________________

SITE SUPERVISOR__________________________

**Please attach a business card of site supervisor.

_____________________________________

Student Signature                               Date

_____________________________________

Faculty Sponsor name (print)

_____________________________________

Faculty Sponsor Signature                       Date

_____________________________________

Site Supervisor Signature                       Date

_____________________________________

Administrator Signature                        Date