Department of Kinesiology

Independent Experience/Internship Application Form

(KNES 298, KNES 389, KNES 498, KNES 389K)

PART 1:

Complete the information below after you have identified an internship site.

Date: ___________________________       Student ID: ___________________________

Name: ___________________________       Major: _______________________________

Telephone: _________________________       Email: ____________________________

(Circle One) Independent Study / Internship:

Contact Hours Desired* (see description below) __________

1 Credit = 45 contact hours; 2 Credits = 90 contact hours; 3 Credits = 135 contact hours

*Note: You can only register for 1 or 2 credits through KNES 389; all other course numbers are worth 3 credits.

Course Number:       KNES________       Semester/Year________

Credits (based on contact hours) __________

PART 2:

Fill out questions #1-3 below and have internship site supervisor fill out question #4.

Make sure the back side is complete.

1. Student: What do you expect from an internship/independent experience?

2. Student: How will you be evaluated by your site supervisor in this internship/independent experience?
3. Student: Please attach a one page typed, double spaced summary stating your goals and how this internship/independent study will contribute to reaching your goals.

4. Site Supervisor: Please comment on how this internship/independent experience will be beneficial to the student as well as to your department/organization.

PART 3:
1. Please attach a business card of the site supervisor and complete the information below.
2. Return the signed, completed form to Dr. Brown or other appropriate faculty before the end of the schedule adjustment period in the semester you wish to complete internship.

Site Name:____________________________
Site Address:___________________________
Site Phone Number:_______________________
Site Email:______________________________
Site Supervisor:__________________________

Student Signature ________________________ Date ________________________
Faculty Sponsor Name (Print) ________________________ Date ________________________
Faculty Sponsor Signature ________________________ Date ________________________
Site Supervisor Signature ________________________ Date ________________________
Administrator Signature ________________________ Date ________________________