

Please print clearly or your registration may be delayed

Date received _____

By Whom _____

Date/Stamp given _____

**DEPARTMENT OF KINESIOLOGY
INDEPENDENT EXPERIENCE/INTERNSHIP CONTRACT
(KNES 289, KNES 389, KNES 498, 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/DOUBLE SPACED SUMMARY STATING YOUR GOALS AND HOW THIS INTERNSHIP/INDEPENDENT EXPERIENCE WILL CONTRIBUTE TO REACHING YOUR GOALS.**

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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