For Admin Use
Section: *Advisor:*
Stamp Date/Initials:
Email Sent: ☐

Department of Kinesiology

Independent Experience/Internship Application Form

(KNES 289, KNES 389, KNES 389K, KNES 498,)

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: KNES 389 has adjustable credit options (can register for 1, 2, or 3 credits); all other course numbers are worth 3 credits*.

Course Number: KNES_____ Semester/Year_____

Credits (based on contact hours if KNES 389) _____

PART 2:
Fill out questions #1-3 below prior to meeting with your internship supervisor. Please work with internship site supervisor fill out question #4 on the back of this form. Make sure to obtain site supervisor signature prior to returning to Dr. Brown or Dr. Klossner (i.e. this form needs to be complete by the end of the schedule adjustment period in order for you to be approved to register for credit).

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

2. Student: How will you be evaluated in this internship/independent experience? See internship protocol form for more details.

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. Turn this in with this application and also provide to your site supervisor.

4. Site Supervisor: Please list general duties and expectations of the student while participating in this internship (i.e. what will the student do while interning with 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 Name (Print):_____

_____
Site Supervisor Signature Date

_____
Student Signature Date

_____
Faculty Sponsor Name (Print) Date

_____
Faculty Sponsor Signature Date

_____
KNES Administrator Signature (Stamp) Date