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1. Student's Name: _____

2. Credit Hours Requested : _____

3. Field Sponsor: _____

Title: _____

Name of Business: _____

Business Address: _____

Phone Number: _____ Email: _____

4. Summary of the goals and objectives of the internship:

5. How will you achieve the above goals (what will you be doing?)

6. Educational background relevant for the internship:

Course Work:

Work Experience (if any):

7. Length of internship (approximate beginning and ending dates):

8. Approximate hours per week:

9. Requested credit hours:

Submitted: _____ Kinesiology Department Approval : _____
date date

Field Sponsor's Signature: _____
date

Intern Signature: _____
date