

INTERNSHIP CONTRACT

1.	Student's Name:		
2.	Credit Hours Requested:		
3.	Field Sponsor:		
	Title:		
	Name of Business:		
	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):	
0		
8.	Approximate hours per week:	
O.	Requested credit hours:	
<i>J</i> .	Requested create flours.	
Subn	nitted: Kinesiology Department Approval:	
	date	date
Field Sponsor's Signature:		date
Inter	n's Signature:	
		date