Hope COLLEGE
DEPARTMENT OF KINESIOLOGY

INTERNSHIP PROPOSAL

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's Signature: _____
date