AGENCY ACCEPTANCE FORM
Of student interns from Iowa State University’s
Department of Kinesiology

Our AGENCY, hereby, accepts the following STUDENT as an intern for the time denoted, and under the specifications described, in the information below.

Name of student  ____________________________________________

Duration of internship: begins ________ concludes ________
(month/day) (month/day)

Approx. hours/week ________ # of credits ________

Description of Assignment (Please outline the major responsibilities that the student will be assigned -- use the reverse side of page if needed):

This internship is □ paid □ unpaid (please check one).

□ I have read the attached internship information sheet. (Please keep this information sheet for your files.)

Agency Supervisor Signature ________________________________________

Agency Name ______________________________________________________

Address ___________________________________________________________________

City, State, Zip ___________________________________________________________________

Phone __________________________ E-mail __________________________

Agency Supervisor (please print)________________________ Title_______________________

Student Signature ____________________________ Date __________

ISU Internship Coordinator Signature ________________________ Date __________