Application for Field Internship (KIN/HS 485)  
Department of Kinesiology

Intended Internship Semester:  F____  S____  SS____  20____

A) Name _________________________  ID#______________________________

School Address _________________________  Phone ______________________

________________________________________  E-Mail ______________________

Advisor _______________________________  Graduation Term ________

B) Option: Exercise Science     CPH

Type(s) of agencies/setting you would like experience:

ExSci option – clinical/rehab, corporate fitness, private/commercial gym, strength
and conditioning, sports performance training, fitness studio, YMCA

CPH option – non profit/health focused organization, government - county or
state department of public health, health promotion/corporate wellness (NOT
Corporate fitness)

a) __________________________________________
b) __________________________________________

C) Agencies you have contacted or wish to contact

a) __________________________________________
b) __________________________________________
c) __________________________________________

D) Course Qualifications: Indicate the semester in which you will complete:
(You must have successfully completed the following courses before you do
your internship)

ExSci option:      KIN 458_______  KIN 459_______

CPH:   All HS classes ________