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 __________