Application for 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          PAHP

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

PAHP option – corporate fitness/wellness, health coaching, health promotion programs

   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 (C- or better) the following courses before you do your internship)

   ExSci option:          KIN 458 _______      KIN 459_______      KIN 462______
   CPH option:            HS 310 _______  HS 430 ______
   PAHP option:          KIN 458 _______      KIN 467 ______