

## **KIN/HLED 4015/4016 Internship/Research Experience Policies**

Please read the following policies applicable to the Internship Experience. Once you read and understand the policies, please date and sign the form. Please return this form to your assigned Internship coordinator with your application.

1. I understand that it is my responsibility to submit the Application for Internship Experience by the appropriate deadline specified or I may not be permitted to enroll in KIN/HLED 4015/4016 until the following semester.
2. I understand that when I register for KIN/HLED 4015/4016 I must register for the appropriate number of credits that I applied for.
3. I understand that I must select the site for the Internship Experience under the guidance of my advisor and/or internship coordinator.
4. I understand that any physical condition which might adversely affect my performance must be reported in writing at the time my Internship Experience application is submitted to the Coordinator of Internship Experience, Division of Kinesiology and Health. However, the Division does not discriminate on the basis of an individual's disability and complies with the Americans with Disabilities Act of 1990.
5. I understand that if either my advisor or the Coordinator of Internship Experiences does not approve my internship application or I do not meet the internship timelines I will not be permitted to enroll in KIN/HLED 4015 or HLED/KIN 4016, Internship in Kinesiology.
6. I understand that it is my responsibility to keep the Coordinator of Internship Experience, Division of Kinesiology and Health, informed of any address, phone number, and/or name changes.
7. I understand that it is my responsibility to notify the Coordinator of Internship Experience if I decide to withdraw from the Internship Experience for any reason.
8. I understand that a fee will be billed to my student account to provide liability insurance for my internship experience.
9. I am aware that I am responsible for my own health insurance coverage.
10. I understand that I am required to undergo a background check and that all fees associated with the background check shall be the responsibility of the student.
11. I understand that I am required to meet all expectations set forth by the Division of Kinesiology and Health as well as my internship site in order to receive a satisfactory grade.
12. By my signature below, I acknowledge that I have read and understand the Internship Experience Policies listed above and my questions about the policies have been answered satisfactorily.

Date

Student's Signature