

ACKNOWLEDGEMENT STATEMENT

Student Name (print) _____ **Date** _____

Internship Site _____

Internship Supervisor's name, phone number, & Email _____

Internship Dates _____

Credit Hours Requested _____ = **Number of Contact Hours (# credits x 40)** _____

Professional Category (Ex: Physical Therapy, Medicine, Dentistry, etc.) _____

Credit Hours currently completed for degree program: _____

Copy of CPR card attached (circle one): Yes No **Date of CPR certification** _____

Copy of Background Check payment attached (circle one): Yes No **Date of Background Check** _____

Have you completed KIN 3010 (circle one): Yes No

Have you completed KIN 4056 (circle one): Yes No

.....
I understand that in order to satisfy the KIN/HLED 4015 Internship or the KIN/HLED 4016 Research Experience, I must accomplish the following:

1. I must accomplish the stated minimum number of contact hours within the stated dates at the indicated internship site or with the supervising faculty member/research investigator.
2. I must perform satisfactorily in the opinion of my supervisor.
3. I must present all report materials in the format and at the quality level required by the Division of Kinesiology and Health.

By my signature below, I acknowledge that I have read and agree to the above listed conditions and that my questions have been answered satisfactorily. I propose to satisfy the internship requirement in this context.

Student Signature _____ **Date** _____

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By my signature below, I acknowledge the above student has met the necessary educational requirements and is prepared for the (circle one):

KIN/HLED 4015 Internship

KIN/HLED 4016 Research Experience

Academic Advisor Signature _____ **Date** _____

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For 4016 (Research Experience) ONLY: By my signature below, I acknowledge that the above student will complete the KIN/HLED 4016 Research Experience under my supervision.

Faculty Supervisor Signature _____ **Date** _____