



INTERNSHIP AND RESEARCH EXPERIENCE APPLICATION

College of Health Sciences
Division of Kinesiology
and Health

Date:

Student Name:

W#:

Student Email:

- Applying for **Fall** (due 5/15) **Spring** (due 11/10) **Summer** (due 3-21)
- KIN 4015 (minimum requirement C or better in KIN 3021 and KIN 3024/3010)
- KIN 4016 (must have faculty approval)

Internship Site/Research Lab:

Site Supervisor:

Supervisor Email:

Supervisor Phone:

Site Mailing Address-

Street address:

City, State ZIP:

Credit Hours:

Number of Contact Hours (# of credits x 40 hours):

Approximate Start Date:

End Date (must be by end of the semester):

Professional Category of Internship (PT/MD/OT/AT, etc.):

Current GPA:

Total Number of credits completed at UW:

Semester you completed KIN 3021/3022:

Grade:

Semester you completed KIN 3024/3010:

Grade:

- Please attach a copy of your CPR Certification Date of CPR Certification:

If you are not currently CPR Certified, you must turn in a copy before your start date or you will be dropped.

- Please attach a copy of your background check Date of background check:
payment verification

For KIN 4016 Research experience you must have your faculty supervisor sign below:

By signing below, I acknowledge that the above student will complete KIN 4016 under my supervision. I have accepted this student for _____ credits/ _____ hours.

Research Supervisor Signature:

Date:

Once this application is complete, and copies are attached, please turn into Marci Smith in Corbett 114B. Once your internship is approved you will be cleared to register.

- All paperwork complete
- Cleared for registration
- Letter/Contract complete

Student Name (print):

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

1. I must apply for the internship one semester before, and for research by the beginning of the semester.
2. I must complete the minimum number of contact hours within the stated dates at the indicated internship site or with the supervising faculty member/research investigator.
3. I must perform satisfactorily in the opinion of my supervisor and my supervisor must sign off on my hours.
4. I must complete all required paperwork 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:

What is the reason you chose your internship/research site?

What do you expect to learn from this experience?

KIN/HLED 4015/4016 Internship/Research Experience Policies

Please read the following policies applicable to the Internship/Research Experience. Once you read and understand the policies, please date and sign the form. Please return this form to your Internship Coordinator as part of 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 Internship Coordinator 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 or Research Experience 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 Internship Coordinator 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.

Student Signature:

Date:
