DEPARTMENT OF KINESIOLOGY
INTERNSHIP IN KINESIOLOGY
KIN 198

Last Name	First	Student ID
Address		Major Emphasis
City/State/Zip		
Telephone Number	E-mail	Number of units completed

Applying for which semester? (Circle one): Fall 20 ___ Intersession 20 ___
Spring 20 ___ Summer 20 __

Please complete this form and return it to SPX 56 to obtain the class code number.

1. I have completed at least 60 units of college or university work. Yes ____ No ____
2. My GPA is 2.75 or higher. Yes ____ No ____
3. I am a Kinesiology student; my status is _____

Number of units requesting (1 - 4)? _____

Minimum Requirements: 50 hours of internship/fieldwork experience per unit of academic credit and/or a minimum 8-10 page paper with a minimum of 8-10 references per unit of academic credit.

I acknowledge that I have spoken with my advising instructor and I am aware of and agree to these minimum requirements. _____ (student init.)

Describe Field Work:

Site for Field Work:

Onsite Supervisor:

_____
Approval of Advising Instructor

_____ Request Approved

_____ Request Denied

_____
Undergraduate Coordinator Date

Class Code: _____ Permission Code: _____ Date: _____

2/07 - wik