DEPARTMENT OF KINESIOLOGY
INTERNSHIP IN ADAPTED PHYSICAL EDUCATION
KIN 259

Last Name First Student ID

College Address Major

Telephone Number E-mail Number of units completed

Applying for which semester? (Circle one): Fall 20 _____
Spring 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 3.0 or higher. Yes _____ No _____
3. I have been admitted to candidacy for the MA degree (approved program).
   Yes _____ No _____

Number of units requesting? _____

Describe Field Work:

Site for Field Work:

Onsite Supervisor:

Approval of Advising Instructor Approval of Graduate Coordinator Date

Class Code: _____ Permission Code: _____ Date: _____

8/03 - wjk