

Kinesiology Independent Study (KIN 180 – Off-Campus)

Notes:

- Once you have identified an off-campus site for your independent study you can then proceed to enroll in the KIN 180 course. Since you will have found the site on your own, you will mark box ‘A’ on the first page of the attached enrollment form.
- Use this enrollment form only for an independent study off-campus with a community group/agency.
- You must complete the independent study during the semester in which you are registered, and it cannot be extended outside that time.
- Grading is credit (CR) or no Credit (NC) and will be determined based on requirements specified by your Kinesiology independent study supervisor. Hours must be completed in the semester you are enrolled in KIN 180.
- If you are interested in an on-campus independent study (e.g., research, tutoring) you should complete an ON CAMPUS KIN 180 enrollment form (located on the forms page of the KIN website).

Completing your off campus enrollment form

For off-campus work at a community agency/site, that organization needs to have a university-organization agreement (UOA) with SJSU.

Look here first to see if a UOA already exists between your site and SJSU:

http://www.sjsu.edu/kinesiology/docs/list_of_contracts.pdf

If your site is on the UOA list be sure to mark box ‘B’ on your enrollment form (next page). If your site is not on the UOA list, look here to see if your site has begun the UOA application with SJSU online:

<https://app.calstates4.com/sjsu/sites>

If your site has started the UOA process, mark box ‘C’ on your registration form. If your site has not started the online application, please **ask your site supervisor or site manager/owner** to use the URL below to begin the process of getting a UOA. **Do NOT** fill out the online proposal form yourself. Only personnel from the community agency have the authority to register their site and establish a UOA with SJSU.

<https://app.calstates4.com/sjsu/new-partner-proposal-form>

Ask your site supervisor to let you know when the online registration of their site is in progress. Then you can mark box ‘C’ on your enrollment form.

Complete and turn in your off campus independent study enrollment forms

- Complete the enrollment forms (attached 3 pages) in consultation with your site supervisor and KIN independent study supervisor.
- When forms are complete, turn them in to the Kinesiology main office (SPX 102) . Upon approval, Dr. Chin will have KIN staff contact you with add code information.

San José State University; Kinesiology Department
Off-Campus KIN 180 Independent Study Enrollment Forms

Please print clearly or type information:

Units Planned? _____ GPA at least 2.0? Yes No

Your name: _____

Your email: _____

Your phone #: _____

Your student ID: _____

Your KIN specialization area: _____

Name of off campus site: _____

Site supervisor's name: _____

Site supervisor's email: _____

KIN faculty independent study supervisor's name: _____

Students, please see instructions on the previous page then check all that apply below. Your site MUST either have a UOA or be in the process of getting their UOA. Otherwise, you cannot do your independent study at that site.

- A. This is a 'self placement'. The KIN department did not assign me to this site.
- B. A UOA already exists between my site and SJSU: <http://www.sjsu.edu/kinesiology/internships/>
- C. My internship/fieldwork site is in the process of securing a UOA: <https://app.calstates4.com/sjsu/sites>

Brief description of independent study: _____

How independent study will be evaluated: _____

Student Signature

Date

KIN Internship Manager Signature

Date

Class Code: _____ **Permission Code:** _____ **Date:** _____

Off Campus Site Specifications

Students: Complete this form in consultation with your off campus site supervisor. [Provide your site supervisor and KIN independent study supervisor with a copy.](#)

Start Date: _____ End Date: _____ # Hours: _____

Identify 3 learning outcomes expected:

- 1.
- 2.
- 3.

Summary of planned activities: (List up to 8)

- 1. 5.
- 2. 6.
- 3. 7.
- 4. 8.

Site Supervisor's Signature

Date

Print Site Supervisor's Name

Site Supervisor's Title

Student's Signature

Date

Print Student's Name

Kinesiology Faculty Independent Study Supervisor

Date

KIN Undergraduate Program Coordinator Signature

Date

INTERNSHIP/FIELDWORK PARTICIPATION GUIDELINES

1. I will devote _____ hours per week towards completion of the service and learning objectives listed in my learning plan (internship/fieldwork specifications form) for a total of _____ service hours, effective from _____ to _____. I agree to complete all paperwork required by my department or site supervisor as part of this learning (internship/fieldwork) experience.
2. I understand and acknowledge that there are potential risks associated with this learning (internship/fieldwork) experience, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the learning site, (c) the physical characteristics of the learning site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the learning site, (e) any travel associated with the learning site, (f) the time of day when I will be present at the learning site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and wellbeing are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
3. Being aware of the risks inherent in this learning experience (internship/fieldwork), I nonetheless voluntarily choose to participate in this learning experience. I understand that I may stop participating if I believe the risks become too great.
4. While participating in this learning experience (internship/fieldwork), I will (a) exhibit professional, ethical and appropriate behavior; (b) abide by the learning site's rules and standards of conduct, including wearing any required personal protective equipment; (c) participate in all required training; (d) complete all assigned tasks and responsibilities in a timely and efficient manner; (e) request assistance if I am unsure how to respond to a difficult or uncomfortable situation; (f) be punctual and notify the learning site if I believe I will be late or absent; and (g) respect the privacy of the learning site's clients.
5. While participating in this learning experience (internship/fieldwork), I will not (a) report to the learning site under the influence of drugs or alcohol; (b) give or loan money or other personal belongings to a client; (c) make promises to a client I cannot keep; (d) give a client or representative a ride in my personal vehicle; (e) engage in behavior that might be perceived as harassment of a client or learning site representative; (f) engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; (g) engage in any type of business with clients during the term of my placement; (h) disclose without permission the learning site's proprietary information, records or confidential information concerning its clients; or (i) enter into personal relationships with a client or learning site representative during the term of my placement. I understand that the learning site may dismiss me if I engage in any of these behaviors.
6. I agree to contact the Director at the University's Center for Community Learning and Leadership (CCLL) at 408-924-5440 if I believe I have been discriminated against, harassed or injured while engaged in this learning activity.
7. I understand and acknowledge that neither the University nor the learning (internship/fieldwork) site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning experience. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.

Print Student Name _____

Student Signature _____

Date: _____