

DEPARTMENT OF KINESIOLOGY  
INTERNSHIP IN ADAPTED PHYSICAL EDUCATION  
KIN 259

Last Name	First	Student ID
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College Address	Major
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Telephone Number	E-mail	Number of units completed
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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

\_\_\_\_\_ Request Approved

\_\_\_\_\_ Request Denied

Graduate Coordinator

Date

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Date

Class Code: _____	Permission Code: _____	Date: _____
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