

SOUTHEASTERN KHS INTERNSHIP SITE APPLICATION

Student Information:

Student's name: _____
W #: _____
Telephone # (cell preferred): _____
Degree Program and Concentration: _____

Internship Site Information:

Name of Site: _____
Physical Address and Mailing Address: _____
*Telephone #: _____
Site Supervisor's name: _____
Position/Title: _____
*E-mail Address: _____

***** If this is an internship site that has not had student-interns from the Department of Kinesiology & Health Studies at Southeastern Louisiana University, please provide a detailed description of the educational experiences for the student-intern with your mentorship. General descriptions will not be accepted, and students will not be approved to intern at sites that are unable to provide this information. *****

**** Additionally, an affiliation agreement is required and the KHS internship coordinator will contact the internship site if this agreement needs to be created/updated and approved. *****

****Required confirmations****

I, _____ (in print), agreed to have _____ (the KHS student) come complete an internship at _____. I agree to the requirements by the Department of Kinesiology & Health Studies at Southeastern Louisiana University (as indicated in the department's *Internship Handbook*) for supervision, or providing supervision from a designated professional I oversee, for this KHS student. I additionally agree to, or make sure the site supervisor will, honorably officiate with the evaluation of the learning/professional components for this internship experience for this KHS student.

Signature of potential Internship Site Supervisor (or Administrator): _____

Date: _____

THIS APPLICATION IS TO BE RETURNED DIRECTLY TO THE KHS INTERN COORDINATOR BY THE DESIGNATED DUE DATE

I, _____ (in print) acknowledge I have met all requirements for enrolling in internship and understand all conditions/requirements outlined in the *Internship Handbook* and from the information that has been provided to me by the KHS department and KHS internship coordinator.

Signature of potential Student-Intern: _____

Date: _____

*This site must be signed off by a KHS Faculty Internship Advisor and/or the KHS Internship Coordinator.

**KHS Faculty Advisors for the following concentrations: Ms. Gibson, Dr. Wood, Dr. Underwood (HSCI); Dr. Sabin, Dr. Baer (SPMT); Mrs. Webb, Mr. Reeves, Dr. Sirikul, Mr. Toups (ES, FHP)*

Signature of KHS Faculty Advisor: _____

Date: _____

and/or

Signature of KHS Internship Coordinator: _____

Date: _____

*OFFICAL APPROVAL of this internship site application only will be given by the KHS internship coordinator after deliberation with fellow KHS faculty advisor(s) and the KHS department head if necessary.