**Middle Tennessee State University**

EXERCISE SCIENCE

**\*\*\*Electronic Forms Are PC Compatible Only\*\*\***

Internship Supervisor Acceptance/Rejection Form

After interview, please submit this form electronically to: exsc.internships@mtsu.edu

Student's Name: Click or tap here to enter text.

**Semester of Service:** Fall Spring Summer **Year:**Choose an item.

The agency, which I represent, **accepts** the above named student as an intern.

The agency, which I represent, acknowledges the number of hours the above named

student is required to serve and the weekly limitation to hours served listed below.

**-*Undergraduate interns are required to serve 350 clock hours.***

***-Graduate interns are required to serve 200 clock hours.***

***-Students are permitted to serve a maximum of 40 clock hours per week***

The agency, which I represent, **does not accept** the above named student as

an intern.

***Supervisor Signature (type your name):***Click or tap here to enter text. ***Date:*** Click or tap to enter a date.

*I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.*

Intern Supervisor Professional Title: Click or tap here to enter text.

Agency / Business: Click or tap here to enter text.

Years with this Agency/Business: Choose an item. Years in this profession: Choose an item.

Certification(s)/License(s) Held: Click or tap here to enter text.

Agency/Business Address: Click or tap here to enter text.

Phone: Click or tap here to enter text. E-mail: Click or tap here to enter text.

***Will a Clinical Affiliation Agreement be required for this student’s Internship?***  Yes  No

Name of Responsible Party:Click or tap here to enter text. E-mail: Click or tap here to enter text.

Phone #: Click or tap here to enter text.

**Middle Tennessee State University**

EXERCISE SCIENCE

APPLICATION FOR INTERNSHIP

Date: Click or tap to enter a date. Fall Spring Summer

Student's Name: Click or tap here to enter text. M#:Click or tap here to enter text.

MTSU E-mail: Click or tap here to enter text. Cell #:Click or tap here to enter text.

Permanent Email Address: Click or tap here to enter text.

Address:Click or tap here to enter text.

***Choose One of the following:***  **EXSC 4250**   **EXSC 4250 and 6880** 6 credits each (ABM) **EXSC 6880 (**3 credits)  **EXSC 6880 (**6 credits)

Expiration date of CPR certification: Click or tap to enter a date.

Anticipated date of graduation: Click or tap to enter a date.

Will you be interning at a facility serving individuals representing special populations?  Yes  No

# of course hours completed: Click or tap here to enter text. Overall GPA:Click or tap here to enter text.

**Undergraduate students**: List **all** remaining coursework and indicate when these courses will be taken: ***(courses you are currently enrolled in need not be listed)***

**Course Prefix & Number Semester to be Taken**

Click or tap here to enter text. Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Please list any course you intend on taking concurrently with internship:Click or tap here to enter text.

**Graduate students**: List **all** remaining coursework and indicate when these courses will be taken: ***(courses you are currently enrolled in need not be listed)***

**Course Prefix & Number Semester to be Taken**

Click or tap here to enter text. Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Please list any course you intend on taking concurrently with internship:Click or tap here to enter text.

***\*\*Students are restricted from enrolling in more than one 3 credit-hour course while enrolled in EXSC 4250 / 6880.\*\****