**Middle Tennessee State University**

EXERCISE SCIENCE

APPLICATION FOR INTERNSHIP (TO BE COMPLETED BY STUDENT)

Date: Click or tap to enter a date. **Summer 2021** [ ]  **Fall 2021** [ ]

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 (UNDERGRAD INTERNSHIP)**

 [ ]  **EXSC 6880 (**3 credits) **(GRAD INTERNSHIP)** [ ]  **EXSC 6880 (**6 credits) **(GRAD INTERNSHIP)**

Expiration date of CPR certification: Click or tap to enter a date. If you do not know, check here: [ ]

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

Number 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 below any course you intend on taking along with the 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.

***\*\*All EXSC students are STRONGLY DISCOURAGED from enrolling in more than one 3 credit-hour course while enrolled in EXSC 4250 / 6880.\*\****

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

Internship Supervisor Acceptance/Rejection Form (To be completed by site supervisor)

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:** **Summer 2021**  [ ]  **Fall 2021**  [ ]

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

 In addition, I also acknowledge 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 25 hours a week on-site. For summer of 2021, this would be 280 total hours; for fall of 2021, this would be 350 total hours***

***- Graduate interns are required to serve 160 hours for summer 2021, and 200 clock hours for fall 2021.***

 ***- 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.