



DEPARTMENT OF KINESIOLOGY – EXERCISE SCIENCE DIVISION  
INTERNSHIP APPLICATION

Student Information: (please print clearly)

Name: \_\_\_\_\_ WCU Student ID: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Registering for: \_\_\_\_\_ EXS 490 (3 credits/125 hours) \_\_\_\_\_ EXS 490 (4 credits/165 hours)  
\_\_\_\_\_ EXS 490 (5 credits/205 hours) \_\_\_\_\_ EXS 490 (6 credits/250 hours)

Year: \_\_\_\_\_ Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

*Application must be submitted and approved by the Assistant Chair of the Exercise Science Division by November 1st for spring internships and April 1st for summer and fall internships. The Assistant Chair will give the Department Secretary the completed internship application. Once the application is approved, the Department Secretary will then register the student. Evaluation forms and a copy of the application packet will be sent to the site supervisor after registration is complete. The Department Chair will assign a WCU internship faculty advisor.*

**NOTE: The intern will contact the assigned WCU internship faculty advisor BEFORE the first week of the internship experience and continue to contact him/her weekly for the extent of the internship.**

Indicate the discipline area the internship will be in:

\_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_ Chiropractic \_\_\_\_\_ Fitness \_\_\_\_\_ S & C \_\_\_\_\_ Other \_\_\_\_\_

**PART I. PREREQUISITES**

All of the following must be completed before submission.

- \_\_\_\_\_ Unofficial transcript is attached; student is in good academic standing with at least a 2.0 GPA
- \_\_\_\_\_ At least 102 credits are completed
- \_\_\_\_\_ The internship is occurring during the last semester at WCU – capstone course
- \_\_\_\_\_ Current CPR certification that will cover the time period of the internship is attached
- \_\_\_\_\_ Health insurance coverage is attached (front and back of insurance card)
- \_\_\_\_\_ Pennsylvania Child Abuse History Clearance is processed and attached
- \_\_\_\_\_ Pennsylvania State Criminal Background Check is processed and attached
- \_\_\_\_\_ Professional liability insurance is obtained and the policy is attached
- \_\_\_\_\_ Updated resume is attached

**PART II. SITE SELECTION: Please fill out the following section when site selection is finalized: (PRINT legibly)**

Agency Name: \_\_\_\_\_

Site supervisor (PRINT contact person name): \_\_\_\_\_

Agency's Complete Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Intern Signature \_\_\_\_\_