



DEPARTMENT OF KINESIOLOGY – EXERCISE SCIENCE DIVISION
INTERNSHIP APPLICATION
(Please print clearly)

Student 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)

Internship Year: _____ Internship Semester: _____ Fall _____ Spring _____ Summer

Proposed Internship Start Date: _____

Application must be submitted and approved by the Assistant Chair of the Exercise Science Division by October 1st for spring internships and March 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: _____

Student Intern Signature _____

Kinesiology Assistant Chair Signature _____