



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.

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:

Agency Name: _____

Site supervisor (contact person): _____

Agency's Complete Mailing Address: _____

Phone #: _____ Email: _____

Intern Signature _____