

UNIVERSITY OF RHODE ISLAND
DEPARTMENT OF KINESIOLOGY
INTERNSHIP APPLICATION FORM – KIN 484

Part I. Information on Student Intern

Name: _____ Internship for the:
Address: _____ Fall _____
Phone Number: _____ Spring semester _____
e-mail: _____ Summer _____
Year _____

Part II. List of Potential Internship Sites

1. Name of Agency: _____
Agency Address: _____
Agency Phone Number: _____
Internship Supervisor Name: _____
2. Name of Agency: _____
Agency Address: _____
Agency Phone Number: _____
Internship Supervisor Name: _____
3. Name of Agency: _____
Agency Address: _____
Agency Phone Number: _____
Internship Supervisor Name: _____

Please note that this form must be completed and submitted to the Internship Director no later than the last day of advanced registration of the semester preceding the semester of the internship.

Intern Signature _____ Date _____