

Student Internship Application

Please follow directions in this order. Check all boxes before submitting to FH 106:

Update or create a resume. Resume building and career enhancement is provided by Fonda Fracchia (901-678-5160) in FH 206.

Complete pages 1 and 2 with a paragraph for justification of your internship site selection.

Bring resume with pages 1 and 2 to Internship Coordinator or University Supervisor for approval and signature. (See table below.)

Fill out page 3 of application and obtain signatures from your Site Supervisor and University Supervisor.

Turn in all 3 pages of the completed application to the front desk in FH 106.

Please attach:

Application to graduate. Print from “View Submitted Application Link.” For detailed instructions, visit <http://www.memphis.edu/commencement/apply/>.
Resume

EACH STEP MUST BE COMPLETED BEFORE SUBMITTING APPLICATION. Once reviewed and approved by the Academic Advisors, a permit will be entered for you to register.

Academic Unit	University Supervisor
Exercise, Sport & Movement Sciences	Dr. Dave Kean (CHS Internship Coordinator)
Health Sciences	Mrs. Anna Moore or Mrs. Cheri Kilmurray
Healthcare Leadership	Dr. Pat Travis
Physical Education Teacher Education	Dr. Todd Layne
Dietetics	Mrs. Mary Catherine Schallert

Name: U_____ Student Identification #:

Street and Number City State Zip Code

Mobile Telephone # Work Telephone #

UofM email Personal email

Cumulative Grade Point Average

Student Internship Application

Semester of Internship	Check One	Year	Check one	Course #	Credit Hours (select one)		
					<u>3</u>	<u>6</u>	<u>9</u>
				ESMS 4605			
Fall.....	()	20__		ESMS 7800			
Spring.....	()	20__		HCL 4605			
Summer.....	()	20__		HLSC 4605			
				HLSC 7800			
				PETE 4605			
				NUTR 4605			

Site chosen and justification for choice of internship site.

Signature of Internship Coordinator or University Supervisor

Date

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Agency Acceptance of Student Intern Form

Name of Sponsoring Organization: _____

Address: _____

Telephone #: _____

Name of Site Supervisor: _____

Email Address: _____

Contract:

The agency specified above hereby accepts Mr./Ms. _____
(Name of student)

as a student intern beginning _____, 20____ and projected to end
(month, day)

on _____, 20____.
(month, day)

General Description of Assignment: _____

Approving Signatures

Site Supervisor: _____ Date: _____

Student Intern: _____ Date: _____

University Supervisor: _____ Date: _____

Advisor/Academic Service Coordinator: _____ Date: _____