AGREEMENT FOR INTERNSHIP

Form 1

The University of Monroe recognizes the importance and value of clinical experiences as they relate to the educational programs in the Kinesiology department.

_____do agree to co-sponsor I/We _____ (facility)

in a Clincal Educational

(student)

Program that will acquaint him/her extensively with the facility's operation of _____ and to provide as extensive an on-the-job experience in this operation as possible.

The following are mutually agreeable by all parties:

All parties to abide by the signed agreement between the University of Louisiana (a) at Monroe Department of Kinesiology and

(facility

(b) The student will also prepare a written report detailing the day-to-day job experience as they relate to his/her career goals and his/her curriculum. The report will be due to his/her University Supervisor on or before

INTERNSHIP SITE CONTACT INFORMATION

Student Information:

Student's name: _____

ID #: _____

Degree Program: _____

"#\$%!%#&&"!\$%!"' !(&!()' *+#"!, \$)&-"./!"' !"#&!\$O"&)O!-''), \$O1"')2O' "!&341\$.&, !')!516&, !

(Please briefly summarize, point-by-point if

necessary, *some* of the activities and duties that this intern would have exposure to and would!contribute to his/her learning experience

%789: ; 7<!&; =>??: 9!@, !A\$O%!BBBBCDECBBBBBBBBBB

A A A A A

\$!8; 9: =<7J; 9!7LJ7!98: !7>!MK!>PP8I J7@; J?!: TI ><8=: !7>!R?>>9!>=!>7L: =!I >7: ; 7@!?!K!@, N: P7@>8<! MJ7: =@!?!!\$!MJK!R: !J7!=@Q!>N!JPV8@@, 0!#: I J7@@! (!G@8<![# (a]!@, N: P7@); <F!\$!8; 9: =<7J; 9!7LJ7!\$!M8<7! :@L: =!I =>G@: !: G@: ; P: !>N!@MM8; @J7@; ![b!@, U: P7@; !<: =@ <]!>=!<@; !7L@!SJ@G: =!=: ?: J<@, 0!''L: ! *; @G: =<@K!>N!. >8@@; J!J7!4>; =>: !J; 9!P?@, @J?!J0: ; P@ <!N=>M!J; K!=: <I >; <@R@@K!<L>8?9!\$!P>; 7=JP7! #: I J7@@! (FFO72193T#T71Tf(; 0) -12(!) 14>! (FFO72193T#T71T6 İ

INCLUDE A COPY OF YOUR CPR CARD*

CPR Certification