



**Department of Kinesiology**  
 270 Rec Hall, University Park, PA 16802 (814)863-0442

**KINES 495B/D: KINES Internships with KINES Faculty Members**

*Office Use Only:*

*Date Received:* ..... *Date Processed:* ..... *Section#:* .....

**Student Information**

Expected Semester For:  FALL  SPRING  SUMMER YEAR: \_\_ \_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
First Last

Cell Phone Number: ( ) \_\_\_\_\_ Email Address: ----- @psu.edu

**Emergency Contact Information**

Name: \_\_\_\_\_  
First Last

Relationship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**Faculty Sponsor/Coordinator Information**

Practicum Site Name: .....

Practicum Site Phone Number:( )----- Faculty Email: ----- @psu.edu

On-Site Practicum Supervisor: \_\_\_\_\_  
Title First Last Credential(s)

KINES 495B: credits KINES 495D: ----- additional# credits

Expected Graduation: FALL  SPRING  SUMMER YEAR: \_\_ \_

Date Practicum Begins: \_\_\_\_\_ Date Practicum Completed: \_\_\_\_\_

**Practicum Site Information Continued...**

**Brief Description of Internship (attach additional sheet, if necessary):**

**List of Objectives (attach additional sheet, if necessary):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Practicum Agreement**

I, (full name) \_\_\_\_\_, acknowledge that the above information is correct to the best of my ability and is not falsified in any way. My participation in any practicum agreement can be terminated at any time, due to misconduct and/or misrepresentation.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RETURN TO MISSY WEAVER AT MKF15@PSU.EDU.**