**Kinesiology, Sport, and Recreation Department Internship Proposal Form**

*Eastern Illinois University*

Students are to complete this Internship Proposal in consultation with their Internship Site Supervisor and the KSR Internship Coordinator. You may attach additional sheets, including any information provided by the Internship Agency. The completed *Internship Proposal* and the signed *Internship Agreement* must be received by the KSR Internship Coordinator *before* the end of the 12th week of the semester prior to the internship. **This must be typed!**

**Student Information**

|  |  |  |
| --- | --- | --- |
| Name | E-Number | Option (Ex. Sci. / Spt. Mgt.) |
| Internship Course Credit Hours (6,7,8 or 9) | Academic Advisor |
| Telephone number during your internship | Email Address that you will access during internship |
| Permanent (Home)  | Street Address | Telephone number |
| Address | City, State, Zip |  |
| AddressDuring | Street Address |  |
| Internship | City, State, Zip |  |

Internship Agency Identification

|  |
| --- |
| Name of Agency |
| Address, City, State, Zip |
| Type of Business/Organization | Website Address |

**Internship Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Starting Date | Ending Date | Total Working Hours | Salary (if applicable) |
| Site Supervisor’s Name | Title | Area/Department |
| Supervisor’s E-Mail Address | Phone Number | Fax Number |

**I agree that the above information is accurate and that I am scheduled to complete all the required Kinesiology, Sport, and Recreation courses within either the Exercise Science or Sport Management concentration prior to the beginning of my internship and that failure to complete those classes can prevent me from receiving EIU course credit for the internship.**

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Signature of Student Date

**Internship Job Description**

|  |
| --- |
| Describe/list the responsibilities and duties of the internship. (Attach additional sheets if needed.) |

**Relation To Your Major**

|  |
| --- |
| Explain how the internship is related to your major.  |

To be completed by the EIU internship coordinator.

**Approve\_\_\_\_ Deny\_\_\_\_ Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Internship Coordinator Date