**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. Additional sheets can be attached, if necessary, including any information provided by the Internship Agency. **The completed *Internship Proposal Form* must be received by the KSR Internship Coordinator in a timely manner, in order to ensure the student’s site is approved, and the remaining paperwork (*Internship Agreement Form*) can be submitted.**

***Please type or write legibly!***

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | E-Number: | Major **(circle one)**  Ex. Sci. Spt. Mgt. |
| Internship Credit Hours **(circle one)**  6 7 8 9 | | Academic Advisor: | |
| Telephone number during internship: | | EIU email address (must be used during internship): | |
| Permanent (Home) | Street Address | | Telephone number |
| Address | City, State, Zip | |  |
| Address  During | Street Address | |  |
| Internship | City, State, Zip | |  |

Internship Site Information

|  |  |
| --- | --- |
| Name of Site: | |
| Street Address, City, State, Zip: | |
| Type of Business/Organization: | Website Address: |

**Internship Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: | End Date: | Total Work Hours **(multiply 40 by # of credit 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. |

**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