

## Internship Agreement Form

I, (Name and Student ID#)		am a graduate student in the Department
of Kinesiolog	gy. I agree to serve as an intern at	under the supervision of
Section to be	e completed by the co-operating professional:	
Student Job	Title:	
Hours per we	eek: (must equate to 360 hours for the term): _	
Please check	k: Term: Fall o Winter o Paid (optional): o	Summer o Not Paid: o
Position responsibilities: (Please attach)		
Other conditions of internship experience: (Please attach)		
The undersig	gned agree to the above conditions:	
	Student Intern	Date
Co	p-operating Professional	Date
Phone:	Fax:	
	University Supervisor	Date

Note: This form must be completed and signed prior to the commencement of the Internship experience. The student is responsible for submitting this form.