

TEXAS A&M UNIVERSITY
Department of Health and Kinesiology

APPLICATION FOR GRADUATE INTERNSHIP

Date _____ 20 _____

I request enrollment in: _____ **684** for the _____ semester, 20 __, for __ semester hours of credit.

_____ has agreed to work cooperatively with Texas A&M University.
Agency Name

_____ has agreed to supervise student.
Agency Supervisor

Agency Supervisor's mailing address: _____

Agency Supervisor's telephone: _____

The purpose of this Internship is to (briefly describe the proposed activity):

I am fully aware of the departmental requirements necessary for completing the Internship and have discussed them with my Faculty Advisor.

I have read and understand the above agreement.

Applicant's Signature

NAME: _____ **MAJOR:** _____ **UIN:** _____

ADDRESS: _____

LOCAL PHONE: _____ **EMAIL:** _____

City **State** **Zip Code**

Faculty Advisor

Chair, Graduate Programs
Department of Health and Kinesiology

xc: Faculty Advisor
Chair, Graduate Programs, Department of Health and Kinesiology
Student
Student's Permanent File