

Version valid for Spring 2021

California State University, Northridge
Department of Kinesiology

Permission #:

ACADEMIC INTERNSHIP APPLICATION FORM KIN 494 A, B, AB, ABI
(CR/NC Grading Only)

An Academic Internship is a practical field experience normally limited to upper division majors in the Department of Kinesiology. Applicants are expected to have an acceptable GPA (usually 2.5+) and completed all appropriate prerequisite courses. The field experience must be approved by a Kinesiology tenure-track faculty member (Faculty Sponsor), an official at the agency where the field work will be completed (Site Supervisor), and the Kinesiology Internship Coordinator. If the work is done within the Department of Kinesiology, the Faculty Sponsor and Site Supervisor may be the same person.

A permission number will be provided to the course by the Faculty Sponsor. (If you are enrolling in KIN 494 for a third time, please contact the Kinesiology Chair for a permission number.) Upon receipt of a permission number, upload this form (completed) to the Canvas course page for final approval by the Internship Coordinator.

Unit(s)	Approximate Hours in the Field
1 unit – 494A	40
2 units – 494B	80
3 units – 494A + B	120
4 units – 494 A + B + I	160

This page is to be completed and signed or initialed by the STUDENT.

STUDENT:

SEMESTER/YEAR:

STUDENT ID:

E-MAIL:

ADDRESS:

PHONE:

KIN OPTION:

EMERGENCY CONTACT:

EMERGENCY CONTACT PHONE:

UNITS COMPLETED:

OVERALL GPA:

KIN COURSES COMPLETED:

APPLYING FOR KIN 494: A B AB

NUMBER OF KIN 494 UNITS:

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By signing or initialing below, the student agrees to complete the internship as outlined on the internship learning plan (p. 3) and the KIN 494 course syllabus.

STUDENT SIGNATURE OR INITIALS:

DATE:

By signing this agreement, the Faculty Sponsor confirms that they have read and approved this internship application, will supervise the internship, and will assign a final course grade (CR/NC).

FACULTY SPONSOR SIGNATURE:

DATE:

INTERNSHIP LEARNING PLAN

This page is to be completed by the STUDENT, in consultation with the INTERNSHIP SITE SUPERVISOR.

STUDENT NAME:

SEMESTER/YEAR:

INTERNSHIP AGENCY/SITE:

INTERNSHIP AGENCY/SITE SUPERVISOR NAME:

FACULTY SPONSOR NAME:

INTERNSHIP COORDINATOR NAME:

What do you hope to learn/gain from this internship experience?

What will be your general internship duties and activities?

What is your general weekly availability (days & times)?

Will you be paid for the internship hours?

What types of written reports/assignments will be required for this internship? (check all that apply)

- ☒ Internship Orientation and Guidelines (see Canvas)
- ☒ Waiver of Liability (see Canvas)
- ☒ Internship Site Self-Assessment & Acknowledgement of Student Risks
- ☒ Mid-Semester Report (see Canvas)
- ☒ Attendance Log (see faculty sponsor for formatting guidelines)
- ☒ Other as assigned
- ☒ Written Reflection

How will you be evaluated for this internship? (check all that apply)

- ☒ Completion of paperwork and written requirements (see above)
- ☒ Punctuality and Attendance
- ☒ Quality of participation and performance
- ☐ Other



The next 2 pages are to be completed/signed by the INTERNSHIP AGENCY/SITE SUPERVISOR (pg.4) and the STUDENT (pg.3).

INTERNSHIP SITE SELF-ASSESSMENT AND STUDENT ACKNOWLEDGEMENT OF RISKS

This form is to be completed as soon as possible once the student has selected an internship assignment. This form is to be completed by the Internship Site Supervisor and signed by both the Intern and the Internship Site Supervisor. The University Department's Internship Coordinator will process, follow-up and maintain this document in the student's file.

INTERNSHIP AGENCY/SITE:

PHONE:

ADDRESS:

E-MAIL:

SITE SUPERVISOR NAME/TITLE:

SITE SUPERVISOR SIGNATURE:

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What is the internship site environment type? (e.g. office, park, health club, etc.)?

The following check box items are an indication of the safety and security at the Internship Agency/Site. If any item below is checked **NO**, please explain in the box below. N/A=Not Applicable.

Yes No N/A

- Are emergency plans current?
- Are hazardous materials or hazardous chemicals controlled?
- Are all manufacturing tools and equipment guarded?
- Are interns provided with safety and emergency training prior to starting work?
- Will interns wear personal protective equipment, if necessary?
- Are working conditions and the general environment safe?
- Is there adequate employee parking on site?
- Are parking areas well lit as necessary?
- Is the site accessible by public transportation?
- Will interns be restricted from interacting with potentially violent clients?
- Is management and supervisory oversight adequate?
- Is the site located in a crime-free area?
- Is the site location the only place the intern will work?

If any item below is checked **YES**, please explain in the box below.

Yes No N/A

- Will interns be required to drive as part of their responsibilities?
- Will intern duties include heavy manual labor?

Explanation (if applicable)

I have read and understand the potential health and safety risks associated with this Internship Site. I have discussed these risks with my Faculty Sponsor or the department's Internship Coordinator and accept this internship as presented.

STUDENT NAME:

STUDENT ID #:

STUDENT INITIALS:

STUDENT TELEPHONE #:

STUDENT ADDRESS:

Statement of Agreement and Risk Acknowledgement

**NOTE: After adding your name and information below, ensure Site supervisor signature.
If Site supervisor must sign a hard copy, print this page, scan signed Pg.4 and upload to CANVAS as an ADDITIONAL document**

It is mutually agreed by the Department of Kinesiology at California State University, Northridge and the agency/site listed below to provide for field work experience and/or observation for _____ during the _____ academic semester. The purpose of this agreement is to provide practical experience for the student in a school, clinic, or community setting which will be consistent with and beneficial to the education of the student.

CSUN agrees to provide a faculty sponsor to counsel the student and arrange for appropriate enrollment and grading procedures. The agency/site agrees to supervise and direct the student while at the agency/site and provide an opportunity for the student to experience and participate in or observe the function of the agency/site.

The agency/site supervisor agrees to guide the student's work and to submit a brief and final evaluation of his/her achievement. The agency/site supervisor also agrees to discuss any concerns about the student's performance with the student directly and with the CSUN faculty sponsor, if necessary.

Name of Agency/Site:

Address of Agency/Site:

Telephone of Agency/Site:

General description of work or observation to be performed:

Start Date:

End Date:

Approximate # of hours per week at agency/site:

Is the student being paid for these internship hours?

By signing this form, the **agency/site internship supervisor** confirms that they have read and agreed to the statement agreement (above) and acknowledges that the student is responsible for completing written reports/assignments, provided by their internship coordinator, that includes but not limited to: Internship Orientation and Guidelines, Waiver of Liability, Internship Site Self-Assessment & Acknowledgement of Student Risks, Mid-Semester Report, and Attendance Logs.

Moreover, the **agency/site internship supervisor** confirms that all emergency plans are current at their site, working conditions and general environment is safe, there is adequate employee parking on site and if not any parking areas are well lit as necessary, adequate management and supervisory oversight is available, the site is located in a crime-free area, interns are not required to drive as part of their responsibilities, and intern duties do not include heavy manual labor.

Site Supervisor Name:

Site Supervisor Signature:

Date:

Title:

E-mail: