

Internship Application – IPAT / CHTH / HHP

Name: _____ Student ID # _____

Mailing Address: _____
Street City: _____ State: _____ Zip: _____

Phone: (_____) _____ UM Email: _____

Year in School: Junior Senior Grad Credit Hours completed: _____

Number of credits taken during semester, including your internship _____ (credit limits apply)

Application For: KIN 498 (Exercise Science) CHTH 498 (Community Health) HHP 598 (Graduate)

Number of Credits: _____ (2-6) Note: 45 hours required per credit = 90–270 hours per semester

Internship Semester: Autumn Spring Summer

Internship Dates: start: _____ finish: _____

Proposed site: _____
Agency City State

Site Supervisor: _____
Print Name Phone E-mail Address

Approval:

Student Intern: _____ Date: _____

Site Supervisor: _____ Date: _____

Faculty Advisor/Mentor: _____ Date: _____

Internship Coordinator (FINAL SIGNATURE): _____ Date: _____

Submit application to: Internship Coordinator, Holly Carnes (holly.carnes@mso.umt.edu), along with all other paperwork from the Registration Steps and Requirements Checklist.

- **Summer/Autumn Registration Due: On or before Last Wednesday of April**
- **Spring Registration Due: On or before Third Wednesday of November**

Internship Coordinator Use Only – Do Not Write Below

- REGISTRATION OVERRIDE
- Syllabus/Portfolio Guidelines
- Log/Journal

- Follow-up:
- Application
 - Credits
 - Resume
 - Job Description

- Goals
- Transcripts
- CPR Certification
- Handshake
- Other _____