University of South Carolina Upstate
Internship Contract/Field Experience

Student Information:

Student's Name: ________________________________________ Major: ________________
Last M.I. First
Student Number (VIP): _____________________________ Cumulative GPR: ______________
Phone Number: _______________ Course Department: __EXSC__ Number: __U390____ Credit Hours: ___3____
Course Title: _______ Field Experience __________ Term: ______ Year: __________
Instructor: _____Kelvin Wu___/VIP: 11956431______ Academic Unit: __SoEHPH____

To be completed by Supervising Faculty:

Description of Internship: include conditions, duties, hours*

This course is a senior-level hands-on experience for students in their chosen career field

Location:

On-site supervisor: name and telephone

Course Objectives: new skills or information the student will acquire

1) Complete 100 hours at an approved site in the area of fitness, recreation or a related field
2) Practice advanced skills based on classroom knowledge as assigned by on-site supervisor
3) Improve networking and client/patient relation skills
4) Enhance knowledge of the job, including how it might relate to your future career

Required text:
N/A

Method of evaluation:

Students will turn in the supervisor evaluation, log of hours, and a final paper with journal of activities.

*generally 42-45 contact hours is equivalent to a semester hour

Required signatures:

<table>
<thead>
<tr>
<th>Student's Signature</th>
<th>Date</th>
<th>Supervising Instructor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor's Signature</td>
<td>Date</td>
<td>Signature of the chair of instructor's academic unit</td>
<td>Date</td>
</tr>
<tr>
<td>Internship Supervisor Signature</td>
<td>Date</td>
<td>Signature of the dean of instructor's academic unit</td>
<td>Date</td>
</tr>
</tbody>
</table>

Take the completed form, with all signatures to the Records Office to be registered for the course.
Records Office:

Date registered: ________________
Copies: records, student, instructors, advisor, chair, dean of academic unit
Supplement to Internship Contract

1) Do you currently have medical insurance? (All students are urged to acquire medical insurance.)

☐ YES  ☐ NO

2) Does the internship have a probability of injury? If YES, please describe the types of injuries for which you will be at-risk in the appropriate risk line—HIGH or LOW.

☐ YES  ☐ NO

☐ HIGH RISK ___________________________________

☐ LOW RISK ___________________________________

3) Have you met with the on-site supervisor?  ☐ YES  ☐ NO

a. If NO, what plans do you have to meet with the supervisor before you begin the internship? ___________________________________

b. If YES, did you discuss specific responsibilities of the internship?  ☐ YES  ☐ NO

4) Does the internship require travel?  ☐ YES  ☐ NO  If YES, will you travel outside of South Carolina?

Where outside of South Carolina? ___________________________________

5) Have you received a worker’s compensation information packet?  ☐ YES  ☐ NO

Students are encouraged to request a letter of recommendation from the on-site supervisor or pursue permanent agency employment (if possible) upon the completion of the internship.

I understand that I can request a reassignment if the internship duties are modified without my consent or pose an unacceptable risk of injury. **Only off-campus internships are covered under the Worker’s Compensation Benefit.**

Additionally, I understand that if I am physically threatened, sexually harassed or otherwise victimized while participating in an internship, I should contact my instructor or department chair as soon as possible to explain the difficulties and consider an alternate assignment.

Student Name: ___________________________  Student ID Number: ___________________________

Student Signature: ______________________  Date: ______________________

Please complete internship contract, obtain all required signatures and turn the form into the Records Office located in Enrollments Services (HEC 2045B) to be entered in the system.

**Dean Approval of Internship Contract:** (1) Have the student complete & sign the Supplement to Internship Contract; (2) Give each student the Workman’s Comp Procedure Booklet; (2) Make a copy of the Supplement to Internship Contract for your records; (3) Send the student to the College of Arts & Sciences Dean’s Office for signature approval on the Internship Contract; (4) CAS will keep a copy of the signed/approved Internship Contract and Supplement to Internship Contract for insurance reporting; (5) The student will take the Internship Contract to the Records Office, Enrollment Services, HEC 2045B, for manual registration.

CAS-eme 6/4/09