**Student Information:**

<table>
<thead>
<tr>
<th>Student’s Name: ___________________________</th>
<th>Major: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Number (VIP): ________________</td>
<td>Cumulative GPR: __________</td>
</tr>
<tr>
<td>Phone Number: _____________________</td>
<td>Course Department: EXSC Number: U480 Credit Hours: 6</td>
</tr>
<tr>
<td>Course Title: Internship</td>
<td>Term: ______ Year: ______</td>
</tr>
<tr>
<td>Instructor: ________________</td>
<td>Academic Unit: SoEHPH</td>
</tr>
</tbody>
</table>

**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 200 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 Enrollment 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-zac 6/4/09