

**UNIVERSITY OF FLORIDA
DEPARTMENT OF APPLIED PHYSIOLOGY AND KINESIOLOGY
FACULTY ADVISOR INFORMATION SHEET**

Name _____ UF ID# _____

Site: _____

Site Supervisor: _____

Site Address: _____

Site Phone: () _____

Home Phone: () _____ Email Address: _____

(Attach map if in-state and difficult for your UF Supervisor to find you!)

Schedule of "working" hours at site: _____

Comments: _____

Date _____ UF Faculty Advisor _____

This form must be completed and mailed before the end of your first week of internship to:
(Your UF Faculty Advisor)
PO Box 118205
Department of Applied Physiology and Kinesiology
University of Florida
Gainesville, FL 32611-1082