

COLLEGE OF HEALTH AND HUMAN PERFORMANCE
UNIVERSITY OF FLORIDA

APPLIED CAREERS IN APPLIED PHYSIOLOGY AND KINESIOLOGY'S INTERNSHIP

Mr.
Name Mrs. _____ UF ID# _____
Miss

Internship Semester: _____ 20 _____

Area of Specialization: _____

Local Address: _____ Phone: _____

Home Address: _____ Phone: _____

1. Please list below, the agency in which you would like to be considered for placement.

Place: _____ Phone: _____

Address: _____

Name of person to contact: _____

2. Do you have an automobile? Yes _____ No _____

3. List friends with whom you would like to be placed: _____

4. List all special requests pertinent to placement: _____

5. Have you ever been charged, convicted, or placed on probation for violation of any federal or state law or municipal ordinance (other than traffic tickets)?

Yes _____ No _____

If yes, give date, name of court, nature of offense, and disposition of charge: _____

I certify that the information given in this application is complete and accurate to the best of my knowledge and I hereby agree to abide by the policies of the Florida Board of Education and the rules and regulations of the University of Florida Board of Trustees. Should any of the information change prior to my completing my assignment, I will immediately notify the chairperson of the Department of Applied Physiology and Kinesiology. I understand that, if in the opinion of proper officials, it becomes necessary to terminate my internship assignment this will be done.

Signature _____ Date _____