

**Academic Internship Application Form**  
KIN 494 A, B, AB, ABI (Credit/No Credit Only)

An Academic Internship is a practical field experience normally limited to upper division majors in the Department of Kinesiology. Applicants are expected to have an acceptable GPA (usually greater than 2.5) and to have completed all appropriate prerequisite courses. The field experience must be approved by a Kinesiology tenure-track faculty member (Faculty Sponsor), an official at the internship site where the field work will be completed (Site Supervisor), and the Kinesiology Internship Coordinator. If the work is done within the Department of Kinesiology, the Faculty Sponsor and the Site Supervisor may be the same person.

A permission number will be provided to the course by the Faculty Sponsor. Upon receipt of a permission number, the Student should upload this form (completed) to the Canvas course page for final approval by the Internship Coordinator. If you are enrolling in KIN 494 for a third time, please contact the Kinesiology Chair for a permission number.

Between one and four units can be earned for KIN 494 in a given semester. The number of units is contingent upon the number of field hours worked. Please use the table below to guide you in determining which section of KIN 494 to enroll in.

Number of Units	KIN 494 Section	Approximate Hours in the Field
1	A	40
2	B	80
3	AB	120
4	ABI	160

In completing the pages that follow, the Student should consult with the Faculty Sponsor on General Information (p. 2) and with the Site Supervisor on the Internship Learning Plan (p. 3), the Internship Site Self-Assessment and Student Acknowledgment of Risks (p. 4), and the Statement of Agreement and Acknowledgment of Risks (p. 5).

**General Information**

Student:

Student ID:

Student Address:

Student Phone:

Emergency Contact:

Emergency Contact Relationship:

Emergency Contact Phone:

Coursework completed within the Department of Kinesiology (course numbers only):

Applying for:

KIN 494 A (1 unit) ☐

KIN 494 B (2 units) ☐

KIN 494 AB (3 units) ☐

KIN 494 ABI (4 units) ☐

Permission Number(s) (provided by Faculty Sponsor):

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By signing below, the Student agrees to complete the internship as outlined in the Internship Learning Plan (p. 3) and the KIN 494 course syllabus (to be provided at the start of the semester).

Student Signature:

Date:

By signing below, the Faculty Sponsor confirms that they have read and approved this internship application, will supervise the internship, and will assign a final course grade (Credit/No Credit).

Faculty Sponsor:

Faculty Sponsor Signature:

Date:

**Internship Learning Plan**

Internship Site:

Site Supervisor:

Site Supervisor Title:

Site Supervisor E-mail:

What do you hope to learn/gain from this internship experience?

What will your general internship duties involve?

What is your weekly availability (days and times)?

Will you be paid for your internship hours? Yes ☐ No ☐

This course will require completion of the following paperwork and written assignments:

- Internship Orientation and Guidelines
- Waiver of Liability
- Mid-Semester Report
- Attendance Log
- Short Assignments

Students will be evaluated based on:

- Completion of paperwork and written assignments (see above)
- Punctuality and attendance
- Quality of participation and site performance

**Internship Site Self-Assessment and Student Acknowledgment of Risks**

Internship Site:

Internship Site Type (e.g., office, park, health club, etc.):

Internship Site Address:

Internship Site Phone:

The following items are an indication of the safety and security at the Internship Site. If any item below is checked **NO**, please explain in the box below.

Yes    No    N/A

- Are emergency plans current?
- Are hazardous materials and hazardous chemicals controlled?
- Are all manufacturing tools and equipment guarded?
- Are interns provided safety and emergency training prior to starting work?
- Will interns wear personal protective equipment if necessary?
- Are working conditions and the general environment safe?
- Is there adequate employee parking on site?
- Are parking areas well lit?
- Is the site accessible by public transportation?
- Will interns be restricted from interacting with potentially violent clients?
- Is management and supervisory oversight adequate?
- Is the site located in a crime-free area?
- Is the site location the only place the intern will work?

If any item below is checked **YES**, please explain in the box below.

Yes    No    N/A

- Will interns be required to drive as part of their responsibilities?
- Will intern duties include heavy manual labor?

Explanation (if applicable):

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I have read and understand the potential health and safety risks associated with this Internship Site. I have discussed these risks with my Faculty Sponsor or the Kinesiology Internship Coordinator, and I accept this internship as presented.

Student Signature:

Date:

**Statement of Agreement and Acknowledgment of Risks**

It is mutually agreed by the Department of Kinesiology at California State University, Northridge, and the Internship Site listed in this document to provide for field work experience and/or observation for \_\_\_\_\_ during the below noted academic semester. The purpose of this agreement is to provide practical experience for the Student in a school, clinic, or community setting that will be consistent with and beneficial to the education of the Student.

CSUN agrees to provide a Faculty Sponsor to counsel the Student and arrange for appropriate enrollment and grading procedures. The Internship Site agrees to supervise and direct the Student while at the Site and to provide an opportunity for the Student to experience and participate in or observe the function of the Site.

The Site Supervisor agrees to guide the Student's work and to submit a brief final evaluation of their achievement. The Site Supervisor also agrees to discuss any concerns about the Student's performance with the Student directly and with the CSUN Faculty Sponsor, if necessary.

Internship Site:

Start Date:

End Date:

Approximate Internship Site Hours/Week:

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By signing this form, the Site Supervisor confirms that they have read and agree to/with the Internship Learning Plan (p. 3), the Internship Site Self-Assessment and Student Acknowledgment of Risks (p. 4), and the Statement of Agreement and Acknowledgment of Risks (above). Moreover, the Site Supervisor acknowledges that the Student is responsible for the completion of paperwork and written assignments provided by the Kinesiology Internship Coordinator, which include but are not limited to: Internship Orientation and Guidelines, Waiver of Liability, Mid-Semester Report, and Attendance Log.

Site Supervisor Signature:

Date: