**James Madison University**

**Department of Kinesiology**

**Exercise Science Practicum/Internship**

**Agency Acceptance Form**

**Section 1: This section is to be completed by the JMU Exercise Science student before asking for site supervisor’s signature:**

Student name:

Date:

Student’s JMU email address:

Semester: Fall/Spring/Summer  *(indicate one)* Year: [YYYY]

Dates of Practicum/Internship. Starting: [MM/DD/YYYY] Complete: [MM/DD/YYYY]

In which course do you intend to enroll?

\_\_\_\_\_ KIN 381: Practicum - 90 hours required   
 \_\_\_\_\_ KIN 481: 4-credit Internship – 120 hours required

\_\_\_\_\_ KIN 481: 6-credit Internship – 180 hours required

\_\_\_\_\_ KIN 481: 9-credit Internship – 270 hours required

\_\_\_\_\_ KIN 481: 12-credit Internship – 360 hours required

*\*If KIN 481, please indicate the semester in which KIN 381 was completed:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of agency:

Site supervisor’s name:

Site supervisor’s position:

Agency address:

Site supervisor’s phone number:

Site supervisor’s email:

Student’s initials here: I understand that site changes are not allowed. This is my final decision on site selection \_\_\_\_\_\_\_\_

**Section 2: This section is signed by the site supervisor (or site signatory) after Section 1 is complete.**

Site supervisor’s signature:

Site supervisor’s printed or typed name:

Date:

This form should be returned to:

Jana Walters

Department of Kinesiology

261 Bluestone Drive, MSC 2302

Harrisonburg, VA 22807

540-568-3949 (voice)

540-568-3338 (fax)

walterjr@jmu.edu