

**THE COLLEGE OF NEW JERSEY
DEPARTMENT OF KINESIOLOGY AND HEALTH SCIENCES
INTERN ACCEPTANCE FORM**

This form is to be completed and signed by the Intern Supervisor to whom the student reports to directly and returned to the Exercise Science Internship Coordinator at The College of New Jersey.

Objectives: The facility should offer the student an opportunity to utilize his/her training in professional situations that are consistent with the knowledge, skills and abilities of an undergraduate exercise science student. The student is required to complete 400 hours of internship experience during the semester (about 30 hours per week)

1. Name and degree of supervisor: _____
2. Name of facility: _____
3. Address of facility: _____

4. Supervisor's telephone number: _____
5. Supervisor's email: _____
6. Duration of experience: From _____ to _____.

The Intern Supervisor understands the college's and student's responsibilities and feels he/she can meet the objectives of the internship experience.

Name of Exercise Science Student: _____

Signed _____ Date _____
Agency Supervisor

Return To: Noah Beller, MS
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The College of New Jersey
Ewing, NJ 08628
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