The College of William and Mary
Department of Kinesiology & Health Sciences

Application for Physical Therapy Internship

Name_________________________________________ Date____________________

Address_________________________________________ Phone___________________

Email ______________________

Prerequisites:

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Number</th>
<th>Currently Enrolled</th>
<th>Have Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Human Anatomy</td>
<td>KINE 303</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>2. Biomechanics</td>
<td>KIN E 308</td>
<td>_______</td>
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<tr>
<td>3. Human Physiology</td>
<td>KINE 304</td>
<td>_______</td>
<td>_______</td>
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</tbody>
</table>

4. Year: ___ Junior ___ Senior
5. GPA 3.0 or above: Current Cumulative GPA _______

Please answer the following questions on a separate sheet.

1. Do you have prior experience as a physical therapy volunteer or aide? If so, briefly describe:

2. What are your long term goals (i.e. PT school, etc.)?

3. What are your goals/objectives for this internship?

__________________________________________

Chair or Representative, Department of Kinesiology & Health Sciences
College of William and Mary

__________________________  __________________
Title________________________
Internship Supervisor (Please Print)

Organization ________________________________

Phone: ___________________________ OR Email: ___________________________

________________________________________________________________________