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

Application for Internship (KIN 498)

Name_____________________________________________ Date____________________
Address___________________________________________ Phone___________________
Email ___________________________________________ ID # _______________________

Kinesiology & Health Sciences Courses Completed:

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State your reason(s) for requesting this internship:

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______________________________________________________________________________
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Kinesiology & Health Sciences Department Faculty Sponsor

__________________________________________ Title__________________________

External Supervisor Name

Organization ________________________________________________________________

Email ____________________________ Phone number __________________________