

**Placement Form**

**MUW Dept. of Health and Kinesiology  
Internship Placement Form  
(attach resume)**

**Internship Student should fill out the following:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ MUW ID: \_\_\_\_\_

Home  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Intended Semester of Internship: \_\_\_\_\_

Circle one of the following:

HK416 (Apparently Healthy)    HK 417 (CV or other Disease)    HK418 (Sports  
Medicine)

Preferred Site: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employment History:

*See Attached resume.*

Have you ever been removed or dismissed from any position? \_\_\_\_\_ If yes,  
explain: \_\_\_\_\_

What courses do you have left for graduation? \_\_\_\_\_

By signing this document, I give my consent for this document to be reviewed by the  
Internship Supervisor, On-site Supervisor, and any other authorized parties.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Faculty Advisor should fill out the following:**

Overall GPA: \_\_\_\_\_

Student Advisor \_\_\_\_\_ Date \_\_\_\_\_