

Placement Form

MUW Department of Health and Kinesiology KIN 416 Internship Placement Form (attach resume)

Internship Student should fill out the following:

Name: _____ Age: _____ Gender: _____ MUW ID: _____

Home Address: _____

MUW Address: _____

Phone: _____ MUW email: _____ Personal email: _____

Intended Semester of Internship: Fall Spring Summer 20__

Preferred Site: _____

Contact Person: _____

Mailing Address: _____

Email 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 _____