

DEPARTMENT OF HEALTH AND HUMAN PERFORMANCE
PRACTICUM/INTERNSHIP APPLICATION FORM

Semester (circle one): Fall Spring Summer 20____ (year)

Liability Insurance: Date purchased _____ Receipt # _____

Circle Course:

HPER 302/303 (Fit & Hlth) SPMG 306/307 (Sport Mgmt) EXSC 316/317 (Ex Sci)
EXSC 318/319 (Ex.Sci & Well) HPED 390 (Coaching) HPER 491 (Internship)

Health and Human Performance Concentration _____

Contact information:

Name: _____ UTM ID# _____

UTM email _____ Alternate email _____

Martin address: _____
street name city state zip code

Home address: _____
street name city state zip code

Home phone: _____ Cell phone: _____

I will use my () **Martin** () **Home** address for correspondence during this course.

Student Signature: _____

Placement Site:

Contact Person: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Supervisor/Contact person:

I acknowledge that the student listed above has presented to me the academic expectations of this field experience. I agree to provide the student with a variety of experiences that will allow the student to broaden his/her understanding of this career field.

Signature of Contact person: _____ **Date:** _____

The student is to deliver this completed form and the Supervisor Agreement to:

University of Tennessee at Martin
Department of Health and Human Performance
3006 Elam Center, Martin, TN 38238 * (731) 881-7310

I. **Possible Practicum/Internship Sites Discussed with Advisor:**

(see: www.internsearch.com, www.jobsinsports.com, www.internships.com or www.sportscareer.com for internship sites)

II. **Student Liability Insurance**

Liability insurance must be purchased before beginning a field experience. It can be purchased through the Department of Health and Human Performance for \$38.00 (current cost). This policy will run from June 1 - May 31 of consecutive years.

III. **(Internship only) Information Concerning Courses Prerequisite to Internship.**

Students must have **completed all core coursework** before participating in an internship. Students must be a Health and Human Performance major.

- a. **If a class (other than a core class) is to be completed during your Internship**, please provide an explanation and documentation that this has been approved by the HHP Curriculum Committee. Also use this space to document any other special considerations being implemented for this internship.
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ADVISORS COMPLETE THE FOLLOWING

IV. **(Internship only) Exit Exams**

Advise student to schedule an exit interview with department chair

Date of Gen Ed Test (COMP) _____

CAPP report overall GPA _____

Last 30 hours GPA (must be > 2.0) _____

Student Special Requests outstanding _____

Remind student they DO NOT sign up for the Major Field test (PRAXIS)

V. **Advisor's Approval**

I have reviewed this student's status, have verified that he/she is an HHP major, and approve this application.

Advisor's signature

Date