Internship Placement Information
Department of Exercise Science
Shippensburg University

Student _____must collect and record internship information below.
Name

1. Name of Organization_____

2. Internship Supervisor_____ (Name and title)

3. Address: _____
_____
_____
Phone:_____
Fax:_____ (if available)
Email: _____
Web Address:_____ (if available)

4. Is this internship paid?_____ If yes, how much? $_____per_____.
Yes/No

5. Directions from Shippensburg University to internship location. Please be specific.
_____
_____
_____
_____

6. Any additional information or comments:
_____
_____
_____

Internship Supervisor Signature_____ Date_____

Faculty Coordinator Signature_____ Date_____
Signature for Site Approval by Coordinator