



## INTERNSHIP APPLICATION

**Name of Applicant:**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

MI

**Current Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

**Permanent Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

**College or University:**

\_\_\_\_\_

Name

\_\_\_\_\_

City/State Located

\_\_\_\_\_

Major Field of Study

\_\_\_\_\_

Major GPA

\_\_\_\_\_

Cumulative GPA

\_\_\_\_\_

Anticipated Graduation

\_\_\_\_\_

Minor Field of Study

**Please Check One:**

- Spring Internship
- Summer Internship
- Fall Internship

**Please Check Your Area(s) of Interest:**

- General Fitness (Testing, Exercise Prescription, Assessment, Personal Training)



- Fitness/Sport Management
- Clinical/Wellness
- Programming/Marketing

What do you hope to accomplish within your internship experience? (Feel free to use additional paper for answers).

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What career goals have you set for yourself after you graduate from your program? (Feel free to use additional paper for answers).

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\_\_\_\_\_  
University Internship Coordinator/Advisor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Internship Coordinator/Advisor

\_\_\_\_\_  
Date