



## **POLICIES AND PROCEDURES AGREEMENT FORM**

### **EXSS 4377/4398 Sport Management/Exercise Physiology Internship (Capstone)**

An academic internship is a credit-bearing, career-related work experience of limited duration in which an individual takes on responsible roles outside of the traditional university environment. Internships must include training and supervision. This valuable form of professional training provides students with the opportunity to test their career interests in an off-campus setting. Juniors, or seniors may earn academic credit for internships during the fall, spring or summer terms.

***NOTE: PREREQUISITE IS EXSS 3107 ADVANCED CARDIO TRAINING. STUDENTS WHO HAVE NOT COMPLETED EXSS 3107 WILL NOT BE CONSIDERED FOR EXSS 4377/4398.***

**Each Student is responsible for finding and securing their own internship site that must meet the following guidelines:**

#### **Criteria for an experience to be defined as EXSS 4377/4398 Internship**

1. The experience must be an extension of the classroom: a learning experience that provides for applying the knowledge gained in the classroom. It must not be simply to advance the operations of the employer or be the work that a regular employee would routinely perform.
2. The skills or knowledge learned must be transferrable to other employment settings.
3. The experience has a defined beginning and end, and a job description with desired qualifications.
4. There is supervision by a professional with expertise and/or professional background in the field of the experience.
5. There is routine feedback by the experienced supervisor.
6. There are resources, equipment and facilities provided by the internship host that support learning objectives/goals.

***Please sign and return to assigned faculty member with your completed internship application.***

Your signature indicates that you have read, understand and will abide by the policies and procedures described here.

Signature: \_\_\_\_\_

Print Name:

Estimated Graduation Date:

UMHB Email:

Current Phone:

**I grant the School of EXSS permission to share contact information, concerning my internship site, with fellow students and members of the UMHB community.**

Please select one:     YES     NO

Please note:

Important correspondence regarding your internship will be sent to you via your UMHB email account. Please be sure to check it regularly.

**DEADLINES to Submit Proposal/Application:**

**October 15—for Spring application/proposal**

**March 15—for Summer application/proposal**

**June 15---for Fall application/proposal**

***Submit completed application to Dr. Brian Brabham*  
**[bbrabham@umhb.edu](mailto:bbrabham@umhb.edu)****

**UNIVERSITY OF MARY HARDIN-BAYLOR**  
***Sport Management/Exercise Physiology Internship***  
***EXSS 4377/4398 Internship (>150 hours)***

**UNDERGRADUATE ACADEMIC INTERNSHIP APPLICATION**

**NOTE: All fields must be complete for the internship to be considered for credit.**

Your application must be reviewed and signed by your SoEXSS faculty member and Internship site supervisor

Student Name:

Major:

GPA:

Year of Graduation:

Have you completed another internship for credit:  YES  NO When:

Email:

Campus Box Number:

Address during internship:

City:

State:

Zip:

Phone:

**Sponsoring Internship Organization**

Name of Organization:

Site Supervisor:

Title & Department:

Street Address:

City:

State:

Zip:

Phone:

Fax Number:

Email:

Website:

**SoEXSS Faculty Sponsor (full-time instructional faculty member)**

Name:

School: **School of Exercise & Sport Science** Phone:

Email:

Fax: **254-295-5038**

## Internship

Your job title at the internship, if any:

Internship Session:    Fall             Spring             Summer    Hours per week:

Start Date:                            End Date:                            Total # of Weeks:

Major/Concentration in which to register your internship:

**\*\*150 Hours minimum at your internship site is required during the semester (between first and last day of class) in which you are registering.**

**\*\*The minimum number of weeks that the internship should last is 8 weeks during the semester in which you are registering.**

## SIGNATURES

**SoEXSS Faculty Member** (Your signature indicates you have met with the student to discuss the proposal and units requested, reviewed the assigned tasks, read the internship proposal, and understand that the grade you assign will be submitted using the standard UMHB grading scale.)

X \_\_\_\_\_ Date: \_\_\_\_\_

**Internship Site Supervisor** (Your signature indicates you have agreed to sponsor a University of Mary Hardin-Baylor undergraduate internship and will abide by the undergraduate policies and procedures.)

X \_\_\_\_\_ Date: \_\_\_\_\_

**Student** (Your signature indicates that you have read and will abide by the internship policies including the 150-hour minimum requirement, understand that the grading system used is the standard UMHB grading scale, and have read the following statement and agree to the terms stated.)

“UMHB does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the University and its agents or employers.”

X \_\_\_\_\_ Date: \_\_\_\_\_

## Internship Sponsor Agreement Form

Student Intern Name:

### Sponsoring Organization

Name:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Website:

### Supervisor

Name:

Title:

Department:

Email:

Phone:

Fax:

Does your company have a safety program, or documented policies and procedures relating to safety within your company?  YES  NO

Do you have a safety-training program?  YES  NO

Is your company/organization insured?  YES  NO

If possible, please forward to UMHB SoEXSS a Certificate of Insurance covering the period of the student's work assignment.

Signature: \_\_\_\_\_

Date: