Dear Prospective Internship Sites/Supervisors,

Our undergraduate students at California State University, San Bernardino in the Kinesiology Department are required to complete an internship to graduate with their Bachelors of Science degree. Our students are required to complete a total of 60 hours over a 10-week quarter, approximately 6 hours a week at a site that interests them for their future careers. Internships for our students provide them with opportunities to see first hand potential careers in their area of interest.

We require signature and contact information from the internship site supervisor so that the department will allow Kinesiology students to register for the required class. When filling out the attached form, we ask you to fill out the amount of hours your facility will allow our student to intern for. If your site does not allow the full 60 hours, the students are responsible for completing the remaining hours at another site. We will also ask the site supervisor to fill out an evaluation of the student toward the end of the 10-weeks and return it to the internship coordinator.

The faculty in the Kinesiology department thanks you for your willingness to allow our students to intern at your site. If you have any questions or concerns please feel free to contact me.

Sincerely,

Nicole C. Dabbs, PhD
Internship Coordinator
Assistant Professor
Department of Kinesiology
California State University – San Bernardino
5500 University Parkway, HP 120
San Bernardino, CA 92407
Office: (909) 537-7565, Email: ndabbs@csusb.edu
This agency hereby accepts the following student for internship during the indicated time period and under the specifications listed below.

Name of student ___________________________ ID# __________________________

Approximate starting date _________________  Approximate ending date _________________

Anticipated number of hours the student will intern ___________________________

Have you taken this course previously?  ☐ Yes  ☐ No

General Description of Internship:

Please print or type:

________________________
Site Supervisor Name

________________________
Title or Position

________________________
Site Name

________________________
Site Address

________________________
City, State, Zip

________________________
Site Phone Number

________________________
Student Name

________________________
Student Phone Number

________________________
Student Email

________________________
Supervisor Signature  Date

________________________
Student Signature  Date