

**UNDERGRADUATE FIELDWORK/INTERNSHIP FORM**  
**Department of Kinesiology and Health Education**  
**BE SURE ALL ITEMS ARE COMPLETED BEFORE SUBMITTING FOR APPROVAL**

Name/Signature: \_\_\_\_\_  
UT EID: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Catalog: \_\_\_\_\_ Major: \_\_\_\_\_  
Minor or Specialization: \_\_\_\_\_

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**AIDING FIELDWORK**  
(Assist instructors in the PED or KIN 119 courses)

**Cj gemone:**  
KIN 127D (\_\_\_\_ hours/courses aided)  
KIN 227D (\_\_\_\_ hours/courses aided)  
KIN 327D (\_\_\_\_ hours/courses aided)  
KIN 627D (\_\_\_\_ hours/courses aided)  
KIN 119 Social Dance Aid

Semester: \_\_\_\_\_ Unique Number: \_\_\_\_\_  Letter Grade or  Pass/Fail

Faculty Supervisor Name and Signature: \_\_\_\_\_

Faculty EID: \_\_\_\_\_

TAKE TO SZB 216 FOR PROCESSING, YOU WILL BE NOTIFIED IF YOU WILL ADD OR BE ADDED.

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**ON CAMPUS FIELDWORK/INTERNSHIP**  
(Working on campus with instructors or in internships)

Course *cj gemone)	Course Title
KIN 127E 227E 327E 627E	Fieldwork: ALD Majors
KIN 127K 227K 327K 627K	Fieldwork: On Campus
KIN 127R 227R 327R 627R	Fieldwork: Lab Research
KIN 327T	<u>1-Clinical Exercise Testing</u>
KIN 327T	<u>2-Personal Training</u>
KIN 327T	<u>3-Practicum in Disabilities</u>
KIN 327T	<u>4-Strength &amp; Cond Coaching</u>
KIN 379H	<u>Honors Tutorial Course</u>

**REASON FOR TAKING THE COURSE:**  
 Elective       Research       Specialization

Semester: \_\_\_\_\_ Unique Number: \_\_\_\_\_  Letter Grade or  Pass/Fail

Faculty Supervisor Name and Signature: \_\_\_\_\_

Faculty EID: \_\_\_\_\_

Site Supervisor Name and Signature: \_\_\_\_\_

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**OFF CAMPUS FIELDWORK/INTERNSHIPS**  
**(Working off campus in internships/fieldworks)**

Course (check one)	Course Title	Faculty Supervisor	Hours required
HED 627L	Fieldwork in Health Promotion	Dr. D. Stanforth (Spring/Summer) or Professor Watson (Fall)	270 hours
KIN 127J " 227J " 327J " 627	Fieldwork: Off Campus	Professor Watson	Hours vary
KIN 327T	3–Practicum in Disabilities	Professor Buchanan	135 hours
KIN 327T	4–Strength & Cond Coaching	Dr. Beckwith	135 hours
KIN 627F	1–Internship in Health Fitness	Dr. D. Stanforth (Spring/Summer) or Professor Watson (Fall)	270 hours
KIN 627F	2–Internship in Medical Fitness	Dr. D. Stanforth (Spring/Summer) or Professor Watson (Fall)	270 hours
KIN 328C	Internship in Sport Management	Dr. Bowers/Dr. Sparvero/Dr. Ozyurtcu	135 hours
KIN 628	Fieldwork in Sport Management	Dr. Bowers/Dr. Sparvero/Dr. Ozyurtcu	270 hours

**ACADEMIC ADVISOR APPROVAL**

Semester: \_\_\_\_\_ Unique Number: \_\_\_\_\_  Letter Grade or  Pass/Fail

Overall GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_ Course remaining requirements met: \_\_\_\_\_

Academic Advisor Name and Signature: \_\_\_\_\_

Notes (as needed): \_\_\_\_\_

**LIABILITY INSURANCE AND AFFILIATE AGREEMENTS**

Verification of liability insurance (Insurance can be purchased in BEL 718)

Receipt submitted to Faculty Supervisor or  Not applicable

Site Supervisor Name: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Phone Number: \_\_\_\_\_

Affiliate Program Agreement #: \_\_\_\_\_ Educational Experience Affiliation Agreement #: \_\_\_\_\_

**FACULTY SUPERVISOR APPROVAL**

Faculty Supervisor Name: \_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_

Faculty EID: \_\_\_\_\_

**With all signatures in place, return the form to SZB 216.**  
**The bar will be cleared and the student will be notified if the front desk will add or if the student must add.**