



**EXERCISE SCIENCE &
APPLIED HEALTH PHYSIOLOGY
INTERNSHIP SITE AGREEMENT**



STUDENTS NAME _____

INTERNSHIP SITE NAME _____

YES / NO
SITE IS A GOVERNMENT AGENCY

NON-PROFIT AGENCY / FOR PROFIT AGENCY

COMPANY/AGENCY ADDRESS _____

NAME AND TITLE OF PERSON WITH SIGNING AUTHORITY FOR ALL LEGAL DOCUMENTS _____

EMAIL FOR ALL LEGAL DOCUMENTS TO BE SENT _____

DIRECT SUPERVISOR FOR INTERN: NAME AND TITLE (PRINTED) _____

SUPERVISORS EMAIL _____

SUPERVISORS PHONE _____

AGENCY REQUIRES (X ALL THAT APPLY)

- ☐ COVID VACCINATION
- ☐ FLU VACCINATION
- ☐ BACKGROUND CHECK
- ☐ DRUG TEST

We (SITE LISTED ABOVE) have communicated with (STUDENT LISTED ABOVE) to the extent necessary and agree to supervise him/her in an internship experience as described in the Salisbury University Exercise Science Internship Manual (WILL BE PROVIDED BY STUDENT).

Internship begins on: _____
DATE

Internship completion by: _____
DATE

COMPANY/AGENCY REPRESENTATIVE'S:

SIGNATURE

DATE