**Middle Tennessee State University**

EXERCISE SCIENCE

**\*\*\*Electronic Forms Are PC Compatible Only\*\*\***

Internship Supervisor Acceptance/Rejection Form (To be completed by site supervisor)

After interview, please submit this form electronically to: exsc.internships@mtsu.edu

Student's Name: Click or tap here to enter text.

**Semester of Service:** **SPRING 2022**

 [ ]  The agency, which I represent, **accepts** the above-named student as an intern.

 In addition, I also acknowledge the number of hours the above-named student is required to serve and the weekly limitation to hours served listed **below**.

**- *Undergraduate interns are required to serve 25 hours a week on-site. For spring of 2022, this would be 350 total hours***

***- Graduate interns are required to serve 200 clock hours for spring 2022.***

***- Students are permitted to serve a maximum of 40 clock hours per week***

[ ]  The agency, which I represent, **does not accept** the above named student as

an intern.

***Supervisor Signature (type your name):***Click or tap here to enter text. ***Date:*** Click or tap to enter a date.

[ ]  *I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.*

Intern Supervisor Professional Title: Click or tap here to enter text.

Agency / Business: Click or tap here to enter text.

Years with this Agency/Business: Choose an item. Years in this profession: Choose an item.

Certification(s)/License(s) Held: Click or tap here to enter text.

Agency/Business Address: Click or tap here to enter text.

Phone: Click or tap here to enter text. E-mail: Click or tap here to enter text.

***Will a Clinical Affiliation Agreement be required for this student’s Internship?*** [ ]  Yes [ ]  No

Name of Responsible Party:Click or tap here to enter text. E-mail: Click or tap here to enter text.

Phone #: Click or tap here to enter text.