**KINESIOLOGY COMPANY/AGENCY INTERNSHIP PARTICIPATION AGREEMENT**

We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have communicated COMPANY/AGENCY NAME (PRINTED)

with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to the extent STUDENT'S NAME (PRINTED)

necessary and agree to supervise him/her in an internship experience as described in the CSU, San Marcos Kinesiology Internship Manual.

The above student's immediate supervisor at the internship site will be:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SUPERVISOR'S NAME (PRINTED)

He/She can be reached at: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NUMBER E-MAIL ADDRESS

The internship will begin \_\_\_\_/\_\_\_\_\_/\_\_\_\_ and will be completed by\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY/AGENCY REPRESENTATIVE'S SIGNATURE DATE

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