

**MIDDLE TENNESSEE STATE UNIVERSITY
EXERCISE SCIENCE**

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:

Semester of Service: **Spring 2023**

- 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 2023, this would be 350 total hours.

- Graduate interns are required to serve 200 hours for spring of 2023.

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

Supervisor Signature (type full name):

Date:

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance. PLEASE CHECK THIS BOX TO INDICATE YOUR UNDERSTANDING.

Intern Supervisor Professional Title:

Agency / Business:

Years with this Agency/Business:

Years in this profession:

Certification(s)/License(s) Held:

Agency/Business Address:

Phone:

E-mail

Will a Clinical Affiliation Agreement be required for this student's Internship? Yes No

Name of Responsible Party:

E-mail:

Phone #: