

Western Michigan University
 Department of HPER
 Community Health Education
 HPER 4960

Name: _____ WIN: _____
 Home Address: _____ City: _____ ST/Zip: _____
 Local Address: _____ City: _____ ST/Zip: _____
 Home phone: _____ Cell phone: _____ email: _____
 Minor: _____ Date of Graduation: _____

Internship Start Date: _____ Number of credit hours: _____
 Internship End Date: _____
 Internship Site: _____ Phone: () _____
 Site Supervisor/Title: _____ email: _____
 Address: _____ City: _____ ST/Zip: _____

Attach the following on a separate typewritten sheet:

- *Description of the duties and responsibilities of the internship*
- *List of for which the intern will be responsible or in which the intern will participate*
- *Internship work schedule*

Signatures

Site Supervisor: _____ Date: _____ WMU Intern: _____ Date: _____ WMU Supervisor: _____ Date: _____	WMU USE ONLY Personnel Completing Registration: _____ Date of Enrollment: _____
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