



**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