University of Wisconsin-La Crosse Department of Exercise and Sport Science

ESS-Fitness/ESS-Exercise Science Internship Contract

INTERNSHIP INFO	RMATION					
Semester:	Fall	Spring	Sumn			
Starting Date:				pected Completion E	Date:	
Typical Hours:			Ra	te of Pay (if any):		
Other Benefits (if an	y):					
STUDENT INFORM	ATION					
Name:	or Dormo					
Address (La Crosse Address (While Inter		ient).				
Phone (La Crosse o						
Phone (While Intern		<i></i>				
e-mail:	ing).					
INTERNSHIP SITE	INFORMA	TION				
Supervisor's Name a	and Title:					
Site Name:						
Site Address:						
Site Phone:						
Site E-mail/Web:					Fax:	
AGREEMENT	a a white of the a					
We the undersigned				•		•
the internship arrang and in the Board of I						
upon beginning and						
apon beginning and				case sign below to v	citiy agreeme	
Student Signature		Da	ate	On-Site Superviso	or	Date
<u> </u>			<u> </u>			
Program Director, U	VVL	Da	ate			
PLEASE RETURN TO	<u>)</u> .					
Richard P. Mik		ACSM				
		ogram Director				
129 Mitchell H		0				
University of W		a Crosse				
1725 State Str						
La Crosse, WI	54601					
Fax: (608) 785	-8172					

E-mail: rmikat@uwlax.edu