

## ESCI 4960 Internship in Exercise & Sport Science (15-0-15)

Instructor: Chip Darracott  
Department of Kinesiology & Health Science  
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Christenberry Fieldhouse 195

Grading: S or U

Contract:

My internship experience will take place at the following location:

\_\_\_\_\_.

\_\_\_\_\_ will be my work supervisor at this location. Her/his contact information is as follows:

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that I must meet the following requirements in order to earn a "S" grade.

1. I will complete 450 hours of work at the site stated above under the supervision of my work supervisor. My supervisor, \_\_\_\_\_, will verify my completion of the 450 hours of internship work by submitting a signed statement to that effect on letterhead stationary.
2. My supervisor, \_\_\_\_\_, will write a brief evaluation of my work. This evaluation will be given to Dr. Chip Darracott within 10 days of completion of the internship hours.
3. I will email the instructor with a weekly summary of my work at the internship site. This email will be sent each Wednesday and will discuss experiences since the previous Wednesday. These emails will begin on Wednesday, January 18, 2006 and will continue until I complete the internship hours
4. Within 10 days after completing my internship hours, I will submit a paper to Dr. Darracott summarizing my internship experience and discussing what I have learned since the beginning of the internship.

I agree to these conditions:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_