



**KINE 375 Sports Medicine**  
**HEAL 379 Health Sciences**

## Internship Guidelines

### A. Objective

The purpose of an internship is to provide the student with an opportunity to apply theories learned in the classroom and obtain practical experiences in their field of interest under the supervision of faculty and facility mentor's direction and guidance.

### B. Eligibility

1. Internship positions are open only to declared Kinesiology (KINE) majors.
2. The student must have:
  - a. successfully completed at least 60 hours of university credits; and
  - b. maintained at least a 2.75 GPA in KINE/HEAL credits.
3. The student must obtain approval from a faculty advisor for the internship **prior** to the first day of class during the semester in which the internship is to be completed.
4. The student must complete all parts of **Form A – Proposal Application for Internship** and submit it to the appropriate program director within the first two weeks of the semester in which the affiliation is to be conducted.

### C. General Guidelines

1. The KINE Department will attempt to locate an internship placement for any qualified student who is interested and eligible. However, there is no assurance of providing an internship placement with a specific kind of organization or geographical location.
2. Internship positions cannot be monetarily compensated during the semester which the student receives academic credit for the internship. The KINE Department has no obligation to assist students who desire internships for no credit.
3. The **Proposal Application for Internship** (Form A) must be approved by the appropriate program director prior to the start of the affiliation.
4. Following approval, the student will work cooperatively with the faculty advisor to fulfill the requirements of the internship. The faculty advisor will designate the student's participation in the affiliation.
5. The student is a representative of the KINE Department and Rice University and is expected to conduct him/herself in a professional manner at all times during the affiliation.

### D. Evaluation

1. During the progress of the internship the faculty sponsor will have periodic contact with the student and the internship organization to monitor the organization's satisfaction with the student's performance.
2. In addition to the contract between the faculty sponsor, the student, and the internship organization, the student's performance will be evaluated on the basis of the following:
  - a. A weekly log of the contact hours with the organization.
  - b. **Form B – Final Student Report** to be completed by the student
  - c. **Form C – Final Evaluation by Sponsoring Organization of Student Intern**, to be delivered by the student to the internship organization and completed by the organization.
3. The internship is a three (3) credit hour course based on an average of 10 hours per week for three credits.



**Department of Kinesiology**  
**Proposal Application for Internship**  
**FORM A**

This form must be submitted to the appropriate program director in quality computer print.  
This form is also available on the Kinesiology homepage at:  
<http://kinesiology.rice.edu>

Student Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Student Email: \_\_\_\_\_ Course #: \_\_\_\_\_

University Credits Completed: \_\_\_\_\_ Hours Credit: \_\_\_\_\_

Current University GPA: \_\_\_\_\_ KINE GPA: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

- 1. Name of internship organization affiliation**
- 2. Planned experiences** (what will you be doing during the internship?)
- 3. Planned outcomes** (Detail what you expect to learn from this experience)
- 4. Additional requirements** (Determined by your faculty)



## Notification form for the status of the Internship

Student Name: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Affiliation Name: \_\_\_\_\_

*\*\*Do not write below this line\*\**

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\_\_\_\_\_ Approved: The proposed internship was approved and the internship may commence

\_\_\_\_\_ Approved with revisions – The proposed internship was approved pending the following revisions:

\_\_\_\_\_ Name of the organization for the internship was not provided

\_\_\_\_\_ “Planned Experiences” does not include a clear statement of experiences planned throughout the internship

\_\_\_\_\_ “Planned Outcomes” does not include an adequate detailed description of what learning experiences will be derived from the internship

\_\_\_\_\_ Not Approved: The proposed internship was not approved for the following reason(s):

\_\_\_\_\_ The internship was not approved with a faculty member prior to the first day of classes

\_\_\_\_\_ The internship proposal was not submitted within the first two weeks of classes

\_\_\_\_\_ The student not provided evidence of academic eligibility

\_\_\_\_\_ Other (see below)

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Program Director

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Date



## **Final Student Report of Internship** **Form B**

- I. The report must include the log of activities with a record of the hours worked per week. It should include a thorough description of the experiences as a result of the internship.
- II. The report must be submitted by the last day of classes during the semester of the internship.
- III. The report should address the following items:
  - A. The sponsoring organization
    1. Briefly describe the organization's major purpose(s), its goals and objectives.
    2. Structure of Personnel
      - a. Submit an organizational chart, if available.
      - b. Submit position descriptions, if available.
      - c. Describe the backgrounds of the leading people in the organization.
      - d. Analyze the organization's structure and its effectiveness.
  - B. Your internship experience
    1. Estimate your average hours worked per week during the semester. (This will be further detailed in your logged journal).
    2. Describe the general nature of your duties and responsibilities.
    3. Describe the most significant areas of knowledge and/or skill, which you acquired during your internship.
    4. What were the most positive features of your internship experience?
    5. What were the limitations of your internship experience?
  - C. The future
    1. Do you have any plans for seeking future employment in this field? If so, how has the internship assisted you in obtaining employment?
    2. What suggestions do you have for future students seeking internships?



## **Final Evaluation by Sponsoring Organization of Student Intern** **Form C**

Thank you for supporting Rice's student internship program. Your completion of this form will allow us to assess the student's performance during the internship, and provide the student with valuable feedback regarding his or her strengths and weaknesses as a prospective professional in this field. The form should take no more than 15 minutes to complete.

Name of Student: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Period of Internship: From \_\_\_\_\_ To \_\_\_\_\_

1. During the internship period, the student observed or worked in the following areas of the organization:

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2. Using the scale provided, evaluate the intern's performance in the following areas, based on a comparison with others of similar training and experience:

SCALE	AREA OF EVALUATION	
5 – Outstanding	Personal initiative	_____
4 – Well above average	Dependability	_____
3 – Average	Personality	_____
2 – Below average	Professional knowledge	_____
1 – Unsatisfactory	Response to guidance	_____
U – Unable to form opinion	Communication skills	_____
	Time management skills	_____
	Cooperativeness	_____

3. Please comment on the intern student's capabilities, as observed by you or your staff: (You may attach a separate evaluation if desired.)

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4. Similarly, please note any limitations in the student intern observed by you or you staff:

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5. How would you rate this intern in comparison with other interns or employees of limited experience?

Outstanding \_\_\_\_\_  
Above average \_\_\_\_\_  
Average \_\_\_\_\_  
Below Average \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

6. Would you be willing to consider another intern from Rice University?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Additional comments (optional); Summary statement or assessment not previously covered:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date