

KINESIOLOGY PRACTICUM – KINES 390 SITE CONTRACT

Student Name:

Student ID#:

Number of Credits:

Semester:

Site Supervisor/Mentor:

Email:

Site Information (name and location)

What will the student accomplish as a result of this practicum/tasks to be performed?

Signatures:

Student:

Date:

Site Supervisor:

Date:

Course Instructor:

Date:

Chair/Asst. Chair:

Date: