



**STUDENT APPLICATION**  
**Exercise Science Program: Professional Practicum, EXSC 499**

Name: \_\_\_\_\_ Mustang ID#: \_\_\_\_\_  
(Last) (First) (MI)

Practicum Year: \_\_\_\_\_ Practicum Semester: \_\_\_\_\_ Credits: \_\_\_\_\_ Star ID: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

SMSU Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Year in College: \_\_\_\_Senior \_\_\_\_Junior Accumulative Credits: \_\_\_\_\_ GPA: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Completed Courses: \_\_\_\_\_ Anatomical Kinesiology \_\_\_\_\_ Biomechanics of Human Motion  
\_\_\_\_\_ Exercise Physiology I w/Lab \_\_\_\_\_ Motor Learning and Development  
\_\_\_\_\_ Principles of Training & Conditioning \_\_\_\_\_ Nutrition and Exercise  
\_\_\_\_\_ Fitness Assess & Exercise Prescription \_\_\_\_\_ Exercise Physiology II w/Lab

Career Goal: \_\_\_\_\_  
\_\_\_\_\_

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**ORGANIZATION FOR INTERNSHIP**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Supervisor's email: \_\_\_\_\_

Estimated Hours per Week: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_