

**MIDDLE TENNESSEE STATE UNIVERSITY  
EXERCISE SCIENCE**

**Internship Supervisor Acceptance/Rejection Form (To be completed by site supervisor)**

After interview, please submit this form electronically to: [exsc.internships@mtsu.edu](mailto:exsc.internships@mtsu.edu)

Student's Name:

**Semester of Service:**                      **Spring 2025**   

- The agency, which I represent, **accepts** the above-named student as an intern. In addition, I also acknowledge the number of hours the above-named student is required to serve and the weekly limitation to hours served listed **below**.

- **Undergraduate interns are required to serve 250 total hours on-site. This would average about 18 hours a week.**

- **Graduate interns are required to serve 150 hours for spring of 2025.**

- **Students are permitted to serve a maximum of 40 clock hours per week.**

***Supervisor Signature (type full name):***

***Date:***

*I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance. PLEASE CHECK THIS BOX TO INDICATE YOUR UNDERSTANDING.*

Intern Supervisor Professional Title:

Agency / Business:

Years with this Agency/Business:

Years in this profession:

Certification(s)/License(s) Held:

Agency/Business Address:

Phone:

E-mail

***Will a Clinical Affiliation Agreement be required for this student's Internship?***     Yes     No

Name of Responsible Party:

E-mail:

Phone #: