

**GRADUATE SPORT MANAGEMENT  
INTERNSHIP APPLICATION**

\_\_\_\_\_ **HPED 698 Internship** (*number of credits: 3 or 6*)

**NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**@ #:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**INTERNSHIP SITE INFORMATION**

**Name of Supervisor:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**Supervisor's Phone:** \_\_\_\_\_

**Supervisor's Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

\*\*\*\*\*

*Items needed along with this application to be supplied by student:*

**1. Copy of CPR CERTIFICATION:** \_\_\_\_\_

**2. LIABILITY INSURANCE FEE:** \_\_\_\_\_  
(\$20 Cash)

**RETURN TO:**  
**Dr Bob Kostelnik**  
**Indiana University of Pennsylvania**  
**Department of Health and Physical Education**  
**116 Zink Hall**  
**Indiana, PA 15705**  
**Phone: 724 357 7645**  
**bkostel@iup.edu**  
**Fax: 724 357 3777**