

UNIVERSITY OF TEXAS AT TYLER

College of Nursing and Health Sciences
Department of Health and Kinesiology
HECC 4370/4371—Internship & HECC 5391—Practicum

INTENT TO ENROLL IN INTERNSHIP or PRACTICUM

Note: This form must be completed the semester before the student enrolls in Internship or Practicum.

Name: _____

Current Address: _____

Telephone: Home: _____ Work: _____

Advisor: _____

Faculty Internship/Practicum advisor for HECC 4370/4371 or HECC 5391: _____

Current Grade Point Average: _____

Area of interest for field experience (please circle or indicate one):

Clinical	Private	Community	Public Health	Other: _____
----------	---------	-----------	---------------	--------------

Internship/Practicum sites student wishes to contact as potential sites (list one or more).

Internship/Practicum Site Contact Person

Phone

THIS FORM MUST BE SUBMITTED TO RONNA MORRISON BEFORE THE END OF THE CURRENT SEMESTER IN ORDER TO ENROLL FOR INTERNSHIP DURING THE NEXT SEMESTER.

Signature: _____ Date: _____

Social Security Number: _____