

**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

Student's Name INDICATE NAME HERE:

Semester of Service: **Spring 2026** ☐

- ☐ 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 200 total hours on-site for spring of 2026
- Graduate interns are required to serve 150 hours for spring of 2026.
- 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 Internship? (If no answer is indicated, it will be assumed that it is not needed. Yes ☐ No ☐

Name of Responsible Party:

E-mail:

Phone #: