

College of Allied Health and Nursing
 Applied Health Science Internship Program
 Department of Health Science * 213 Highland Center N
 Mankato, MN 56001 * Telephone: 507-389-5938
 Web site: <http://ahn.mnsu.edu/healthscience/>

Applied Health Science Internship Program Site Approval Form

Student Intern Name	Semester/Year
Student Intern Address (permanent)	Email Address
City	State
	Zip
Student Tech ID	Student Phone

Internship Course Number	Credit Hours	Course I.D.

Site Supervisor	Title
Site Organization	
Site Address	Site Phone
City	State
	Zip
Supervisor's Email Address	

Date Internship Begins: **Date Internship Ends:**

SUBMIT COMPLETED FORM IN TRIPLICATE ALONG WITH DRAFT RESUME AND GOAL STATEMENT/OBJECTIVE TO THE APPLIED HEALTH SCIENCE INTERNSHIP DIRECTOR

Date Requested	Applied Health Science Student Intern Signature
Date Approved by Site	Site Supervisor Signature
Date Letter of Agreement Sent	Applied Health Science Internship Coordinator