**YOUR INFORMATION**

Name:

Tech ID:

MSU email:

Anticipated semester of graduation:

Major:

Minor:

**COACHING INFORMATION**

Sport:

Season start-finish dates, including year (estimate if exact date is unknown):

Semester to register for HP 482:

\*Note: If your season extends beyond one academic semester, discuss options with the university supervisor.

Athlete demographic:

Male  Female

Age/level of athletes:

If you already have a coach you want to work with, fill out the following information:

Name of coach:

Coach phone number:

Coach email:

Name of school/organization:

**YOUR BACKGROUND**

Provide dates, responsibilities, supervisor or coach you worked with, etc.

Playing experience in the sport applied for:

Coaching experience in the sport applied for:

Officiating experience in the sport applied for:

Other related experience:

Prerequisites (attach unofficial transcript):

|  |  |
| --- | --- |
| Course | Semester completed/To be completed |
| HP 340: Prevention and Care |  |
| HP 451: Coaching Principles |  |
| HP 372: Exercise Science for Coaches |  |

I understand that by signing this form or typing my name below I have met the practicum prerequisites, am making a commitment to the school and team that I am assigned, and understand the practicum requirements listed on the syllabus.

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Signature of student Signature of university supervisor

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Date Date