

Internship Agreement Request Sheet

(Used to Request Internship Site Not on the Approved List or Renewal of Existing Agreement)

Name of Faculty Member making this request: Deborah Shapiro

Name of Department: Kinesiology and Health Dept. Phone: 404-413-8372

Date of Request: \_\_\_\_\_ Date Needed : \_\_\_\_\_ Renewal: \_\_\_\_\_ New: \_\_\_\_\_

Legal Name of the Agency/Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facility Contact Name: \_\_\_\_\_

Designation/Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Contact Person for Clinical Agreements: \_\_\_\_\_

Designation/Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_