

UNIVERSITY OF MISSOURI-COLUMBIA
NS 4940 Internship in Nutrition and Fitness

Internship Application

Internship Student _____ Student No. _____

Course name and number _____

Semester: F _____ W _____ S _____ 20____ email address: _____

Clinic, Business or Agency in which Internship will take place:

Name of company: _____

Site supervisors name: _____

Place: (City) _____, (State) _____

Phone number: _____ Email address: _____

Brief outline of internship experience

*Please return this form to: Jill Kanaley, PhD Email: kanaleyj@missouri.edu – a permission number for registering will then be provided.