**ES 4060/5060: STRENGTH & CONDITIONING PRACTICUM DATA SHEET**

*Please complete* ***ALL*** *of the following information and return this page to Dr. Triplett (**triplttnt@appstate.edu**), who is the ‘academic department representative’.*

*You are responsible for making sure the site supervisor signs the signature page. You will also sign it and then return it to Dr. Triplett (**triplttnt@appstate.edu**), who will provide the final signature and upload the site and contract information.*

*All information will then be sent to the Dean’s Office for approval and to the Registrar’s Office, who will register you for the course. You will be sent an email confirmation of registration.*

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| --- | --- |
| Banner ID |  |
| First Name |  |
| Last Name |  |
| Birthday (MM/DD/YYYY) |  |
| Phone Number (mobile phone preferred) |  |
| Emergency Contact Name (first and last) |  |
| Emergency Contact Relationship (to you) |  |
| Emergency Contact Phone (should be different than your number) |  |
| \*Start date (when the site indicated you can start) |  |
| \*End date (when the site indicated you can work until) |  |
| Host Site Name (agency, company, etc.) |  |
| Host Site Address (street, city, state, zip) |  |
| Host Site Phone Number |  |
| Site Supervisor Name (first and last) |  |
| Site Supervisor Title |  |
| Site Supervisor Address (only if different from host site) |  |
| Site Supervisor Phone (only if different from host site) |  |
| Site Supervisor Email |  |
|  |

\* Usually after the first day of the semester or before the last day of exams but Dr. Triplett will have the maximum date range. You **MUST** be registered before starting your hours.