



Application for a Graduate Intern

(Please review the Program Description prior to completing this form)

Email: shorne@uwindsor.ca

Graduate Student Name	
Student ID#	

Please indicate the term of interest:

Fall Term (September - December)

Winter Term (January - April)

Summer Term (May - August)

Name of the Organization: _____

Mailing Address: _____

City: _____ Prov.: _____ Code: _____

Contact Person: _____ Phone: _____

Fax: _____ E-mail: _____

Intern Job Title: _____

Intern's Responsibilities:

Area(s) of potential research that the student might complete on behalf of the organization:

Pay (optional) if applicable:

Special Skill Requirements/Certifications:

Please return the completed form to: Graduate Internship Program, Department of Kinesiology,
University of Windsor, Windsor, Ontario, Canada N9B 3P4