



Department of Health and Human Development
Kinesiology Program Field Experience Manual (KIN 491/492)
Part 6 of 6: Hours record sheet

Note: Typing your name in the following signature field constitutes an electronic signature.
Instructions: Site supervisor enters their name as a signature, then emails this document directly to the student's WWU faculty supervisor. The WWU student can identify their WWU faculty supervisor. The faculty supervisor will share the record with the student.

Signed: Organization Internship Supervisor _____

Title: _____ Date: _____

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