HE 499 Health Education Internship Advisor Approval Form

NOTE: Students in the Health Education Program must have this form reviewed and signed by their health education advisor before they will be placed in an internship.

Step 1. Student and advisor meet to discuss readiness for internship.

Step 2. Advisor and student sign this form.
NOTE: Student will be advised to meet with the current internship coordinator.

Step 3. Form is placed in student's file.

ADVISOR Signature

Student _____ has completed all prerequisites required for HE 499. The student has no more than one 3-hour course that will be taken simultaneously with HE 499, 9 hours.

_____ _____
Student's approved Health Education Advisor* Date
*I approve enrollment in HE 499 Health Education Internship for the upcoming semester.

STUDENT Signature

_____ _____
Student** Date

Student's UAB email address: _____

NOTE: The UAB email address will be used for all correspondence with students.

**I have been advised to meet with the internship coordinator as soon as possible. I have been informed that by not meeting specified deadlines my internship is in jeopardy of being delayed by as much as 1 semester. I understand that my internship must be completed in 1 semester for 9 hours credit.

Semester for HE 499 enrollment: ___ Summer 20__ ___ Fall 20__

___ Spring 20__

Preferred setting for internship placement
- Clinical
- Worksite
- Health Department
- General community

INTERNSHIP COORDINATOR NOTES: