



University at Buffalo

Exercise Science

School of Public Health and Health Professions

Student Acceptance Agreement

Applied Clinical Experiences

Practicum and Internship

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Website: <https://publichealth.buffalo.edu/exercise-and-nutrition-sciences/education/exercise-science-bs/clinical-experiences.html>

Important Dates for Fall 2025

First day of classes: Monday, August 25, 2025

Last day of classes: Friday, December 5, 2025

Supervisor Midterm Evaluations Due: Sunday, July 13, 2025

Supervisor Final Evaluations Due: Sunday, October 12, 2025

International Students:

Earliest start date of CPT: Saturday, August 18, 2025

Thank you for making an experiential learning commitment to our UB Department of Exercise and Nutrition Sciences student. The student should complete the first portion and email to the clinical supervisor. The supervisor should complete, sign, and email this required agreement to your student for their signature within 48 hours of receipt. Your student is responsible for returning it to the Clinical Director. Upon our review/approval, registration for academic credit will be completed. Please save a copy of this agreement for your records.

STUDENT, PLEASE COMPLETE:

Clinical Course and Credits: _____
(ES 496 or ES 451)

Student Name: _____

Clinical Site Name: _____

Supervisor Name: _____

As a Supervisor, I acknowledge the following:

As a Practicum (ES 496) or Internship (ES 451) student supervisor, I acknowledge the following:

- a. I have reviewed candidates' qualifications and selected a student without regard to age, race, gender, gender identity, sexual orientation, national origin, religion, disability, color, or marital status.
- b. I agree to act as (or appoint) an intern supervisor with expertise pertaining directly to the focus of the clinical placement. The supervisor will partner with the student to guide their progress on a consistent basis and provide timely relevant and constructive feedback. I understand this may be the student's first experience in a professional environment and that mentoring is an integral component of success.
- c. I will provide real-world work experience of educational value for no less than the required hours for the Practicum (1 credit = 45 hours / 2 credits = 90 hours / 3 credits = 135 hours) or Internship (480 hours) experience.
- d. I will assist my student in identifying appropriate learning objectives related to their professional developmental goals and will seek opportunities to build those learning objectives into their work.
- e. At any time, I may communicate changes, concerns, problems, or questions regarding the student's behavior or experiential learning circumstances to the Director of Clinical Education as listed above.
- f. I understand I will be asked to approve time logs online, every 2-weeks.
- g. I understand I will be asked to complete an online, confidential evaluation at the mid- and final points of the semester for which my student is registered. I will discuss the evaluation with my student and/or conduct an internal evaluation at my discretion.
- h. I agree that my relationship with the intern will always remain strictly professional.
- i. I understand that the student, as a matriculated UB student, is covered by his or her own comprehensive health insurance.

Student Experiential Learning Registration Policies and Code of Conduct

All UB Department of Exercise and Nutrition Sciences students participating in experiential learning are required to abide by our program's [Policies & Procedures Manual](#) and the University code of conduct standards while on the clinical placement. We communicate these policies and standards to each student as part of the Exercise Science Curriculum (ES 442 – Career Readiness in Exercise Science, ES 450 – Internship I Lecture).

International Students and Experiential Learning Work Authorization

International students are required to obtain work authorization, called Curricular Practical Training (CPT), if they complete a practicum or internship experience off-campus. We facilitate this process at no cost to you. **As part of this process, an official offer letter on your company letterhead must accompany this Student Acceptance Agreement, which includes:**

- Start and end dates of the internship
- Location of the internship
- Name of Internship Supervisor

- A statement about the number of total hours to be completed over the course of the semester

The International student can begin the experience after CPT is fully authorized and a new I-20 has been issued.

CPT requests take 5 to 7 days to process after academic registration is completed. Once fully authorized, your student can begin. Each semester has a start and end date to which you and the student must abide. International students can earn pay if they have obtained an SSN.

SUPERVISOR, PLEASE COMPLETE THE REQUIRED CONTACT INFORMATION:

Supervisor Name (Print): _____

Supervisor Title: _____

Supervisor Credentials: _____

Company / Organization: _____

Address: _____

E-mail: _____ Telephone: _____

Are you a UB Alumnus? _____

Will you be the direct supervisor for this student (Yes/No)? _____

*Answer No if the student will be assigned to a different supervisor within your clinic

REQUIRED SIGNATURES: *I understand and will comply with the statements on this agreement.*

Supervisor Signature

Date

Student Signature

Date

