

UNIVERSITY OF MISSOURI-COLUMBIA
Department of Nutritional Sciences

NS 4940 Internship in Nutrition and Fitness

STUDENT REPORT

Student _____ Student No. _____

I. Description of Internship Experience

A. Clinic, Business or Agency _____

Address _____

Date Complete _____

Type of Activity _____

B. What I did during my Internship:

II. Evaluation of your experience. Please summarize the value of the internship experience in your overall undergraduate curriculum as it relates to your career goals.