

UNIVERSITY OF MISSOURI-COLUMBIA
Department of Nutritional Sciences
NS 4940 Internship in Nutrition and Fitness

STUDENT ADVISOR'S REPORT

Internship

Student _____ Student No. _____

Course name and number _____

Semester: F _____ W _____ S _____ 20_____

Clinic, Business or Agency in which Internship took place:

Name: _____

Place: (City) _____, (State) _____

Brief summary of Internship experience and a statement of the performance of the student.

Grade: S _____ U _____ Incomplete _____ Date _____

A _____ B _____ C _____ D _____ F _____ Signature _____

Please return this form, by the end of classes during the grading period in which the student is enrolled in NS 4940, to Tom Thomas, 113 McKee Gym.