RACV Student Internship/Observation Request Form
(Internships and observation requests must be for a minimum of 250 hours)

Name: Date:

Contact Phone Number: Email Address:

School Currently Attending:

Major:

Is this request to satisfy the requirements of a specific class, if so, which one?

How many hours are you requesting?

What time frame is your request for, please list months and days of the week, hours per day?

Is there a specific clinic or Physical Therapist that you would like to be placed at or with?

Name of academic advisor or school sponsor: _____

Contact phone number for advisor: _____

Contact email for advisor: _____

Please give a summary of why you would like to do your internship at Rehab Associates: