

College of Natural Science
Department of Kinesiology

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
(909) 537-5349 | fax: (909) 537-7085
<https://www.csusb.edu/kinesiology>

Dear Prospective Observation and Field Experience Sites/Supervisors,

Our undergraduate students at California State University, San Bernardino in the Kinesiology Department are required to complete observation or field experience to graduate with their Bachelors of Science degree. Our students are required to complete a total of 40 hours over a 15-week semester, approximately 2-3 hours a week at a site that interests them for their future careers. Observation sites for our students provide them with opportunities to see first hand potential careers in their area of interest.

We require signature and contact information from the observation or field experience site supervisor so that the department will allow Kinesiology students to complete the course. When filling out the attached form, we ask you to fill out the number of hours your facility will allow our student to observe for. If your site does not allow the full 40 hours, the students are responsible for completing the remaining hours at another site. We will also ask the site supervisor to fill out an evaluation of the student toward the end of the 15-weeks and return it to the observation and field experience coordinator.

The faculty in the Kinesiology Department thanks you for your willingness to allow our students to observe at your site. If you have any questions or concerns please feel free to contact the department.

Sincerely,

Department of Kinesiology
CSU – San Bernardino
5500 University Parkway, HP 120
San Bernardino, CA 92407
Email: kinesinfo@csusb.edu
Office: (909) 537-5349

LEARNING PROJECT PLAN

Section I. Student Data

Date: _____

Student's Name: _____ Student ID: _____

Address: _____

Email: _____ Telephone Number: _____

Degree pursued (i.e. Bachelor's, Master's): _____ Class Level: _____

Major: _____ Concentration: _____

Campus Cumulative GPA: _____ Expected Graduation Date: _____

Primary Emergency Contact: _____ Relation: _____

Daytime Telephone: _____ Cell Phone Number: _____

Secondary Emergency Contact: _____

Daytime Telephone: _____ Cell Phone Number: _____

Student Signature: _____ Date: _____

Student Name: _____

Section II. Learning Site Information

Learning Site: _____

Learning Site Mentor Name and Title: _____

Address: _____

Email: _____ Telephone Number _____

The learning site agrees to have the student listed above observe hours at their facility.

Learning Site Supervisor Signature: _____ Date: _____

Learning Site Supervisor Name: _____