

Department of Agricultural & Resource Economics Internship Agreement Form

Internship Begins (Date) _____ Ends _____ AREC 410 (6)

Student Information *(may be typed or printed)*

Student's Name _____

Address _____ Phone (____) _____

_____ Email _____

Internship Employer (Company/Agency/Organization)

Employer Name _____ Student's Job Title _____

On-Site Supervisor _____ Title _____

Address _____ Phone (____) _____

Salary _____ Hours Per Week _____ Email _____

Description of Work to be Performed _____

Student's Learning Objectives *(List what you want to accomplish by the end of the internship)*

Example: I want to be proficient in assessing grass seed marketing alternatives.

1. _____

2. _____

3. _____

4. _____

On-Site Supervisor Responsibilities to the Student:

1. _____

2. _____

3. _____

4. _____

Student signature _____ Date _____

On-Site Supervisor signature _____ Date _____

Faculty Advisor signature _____ Date _____

(Learning objectives & general internship approved)

Paper completed _____ Oral completed _____ Suitability for future internships Yes ___ No ___
(date) (date)