



INTERNSHIP AGREEMENT PLAN

Department of Animal Sciences

Student Information

Student Name	<input type="text"/>	Academic Advisor	<input type="text"/>
Email	<input type="text"/>	Advisor email	<input type="text"/>
ANIM SCI 3191 Enrollment: Term	<input type="text"/>	Year	<input type="text"/>
		Advisor phone	<input type="text"/>

Internship Site Information

Field or Primary Area of Focus	<input type="text"/>		
Organization Name	<input type="text"/>		
Supervisor Name and Title	<input type="text"/>		
Supervisor's Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Supervisor's Phone	<input type="text"/>	Email	<input type="text"/>

Position Information

Position Title	<input type="text"/>
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Internship learning objectives and activities to accomplish objectives (shadowing and observation are not allowed):

Objectives (box will expand as filled)	<input type="text"/>
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Activities: (box will expand as filled)	<input type="text"/>
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Average weekly hours of work:	<input type="text"/>	Total hours of internship	<input type="text"/>	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid
(200 hours minimum)					

Dates of Internship: Month	<input type="text"/>	Day	<input type="text"/>	Year	<input type="text"/>	to	Month	<input type="text"/>	Day	<input type="text"/>	Year	<input type="text"/>
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The undersigned agree to conform with this agreement and provide two weeks notice to all three parties before termination of said agreement.

Student Intern Signature

Date

Internship Supervisor Signature

Date

Academic Advisor Signature

Date

Submit the signed agreement plan and any additional required documentation to the academic advisor; **due 10 days** prior to beginning internship. Students should retain a signed copy for their records.