

Department of Animal and Food Sciences
ANSC 4000

Internship Agreement

Student: _____ Student ID #: _____

Proposed Internship: _____

Employer: _____

Employer's Address: _____

Employer's Telephone: _____

Internship Starting Date: _____ Ending Date: _____

Will this be a paid or unpaid internship? _____ Pay Rate: _____

Describe the duties and requirements of the proposed internship:

Other terms or information for this agreement:

Name of person who will evaluate your performance on this internship:

Final report due date: _____ Hours of credit: _____

Student/Date

Faculty Advisor/Date

Employer/Date