



INTERNSHIP AGREEMENT CONTRACT

Department of Animal Sciences

Student Information

Student Name

Academic Advisor

Phone

Advisor email

Email

Advisor phone

Supervisor Information

Organization Name

Supervisor Name and Title

Supervisor's Address

City

State

Zip

Supervisor's Phone

Email

Position Information

Position Title

Internship Objectives & Activities to accomplish objectives

Objective 1:

Objective 2:

Objective 3:

Activities

Dates of Internship:

Month

Day

Year

to

Month

Day

Year

Average weekly hours of work:

Total hours of internship

(200 hours minimum)

☐

Volunteer

☐

Paid

☐

Other

The undersigned agree to conform with this agreement and provide two weeks notice to all three parties before termination of said agreement.

Approved By Supervisor

Date

Approved By Student Intern

Date

Approved By Academic Advisor

Date

Submit signed agreement contract to academic advisor **10 days** prior to beginning internship. Students should retain signed copies for their records.