



INTERNSHIP AGREEMENT PLAN

Department of Animal Sciences

Student Information

Student Name Academic Advisor

Email Advisor email

ANIM SCI 3191 Enrollment: Term Year Advisor phone

Internship Site Information

Field or Primary Area of Focus

Organization Name

Supervisor Name and Title

Supervisor's Address

City State Zip

Supervisor's Phone Email

Position Information

Position Title

Internship learning objectives and activities to accomplish objectives (shadowing and observation are not allowed):

Objectives (box will expand as filled)

Activities: (box will expand as filled)

Average weekly hours of work: Total hours of internship Volunteer Paid
(200 hours minimum)

Dates of Internship: Month Day Year to Month Day Year

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.