

(Sample)
COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES
INTERNSHIP PROGRAM
STUDENT APPLICATION FORM

DATE _____

1. Student Name: _____

2. Campus Address: _____ PHONE: _____

3. E-mail Address: _____

4. Home Address: _____ PHONE: _____

5. Academic Major: _____ Hours Completed: _____ G.P.A.: _____

6. Name and Number of Desired Internship Course: _____

7. Semester Desired: _____

8. What course Prerequisite(s) exist?

_____	Semester completed	_____
_____	Semester completed	_____
_____	Semester completed	_____
_____	Semester completed	_____

9. How many hours have you previously earned in an internship? _____

10. Are you applying for a specific internship? _____

A) If yes, please give name: _____

B) If no, what type are you seeking? _____

11. What are your specific career goals and how do you see this internship helping you achieve these goals?

12. What are your specific objectives for this internship?

13. For what graduation requirement will this internship count? _____

SIGNATURE DATE

APPROVALS

Faculty Supervisor: I have reviewed this application and support the objectives, and I agree to supervise the experience.

SIGNATURE DATE

Academic Advisor: I have reviewed this student's program of study and concur that participation in an internship program would be a beneficial addition to it.

SIGNATURE DATE

Departmental Coordinator: I certify that the above named student has met departmental course prerequisites and is eligible to be considered for internship opportunities associated with my department.

SIGNATURE DATE

(SAMPLE)
COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES
INTERNSHIP PROGRAM
MEMORANDUM OF AGREEMENT

_____ Semester, 19____

Student Name: _____

Cooperating Employer Name: _____

Company: _____

Address: _____ PHONE: _____

Faculty Supervisor: _____

Dates of Participation: _____

Brief Description of Proposed Internship:

Objectives and Activities:

List objectives of the internship and specific activities that will be completed. Indicate approximate amount of time to be devoted to each activity. Be specific as possible. Attach additional sheets if necessary. (Departmental co-ordinator can provide guidance in initial preparation of this section.)

(OVER)

Credits and Evaluation:

_____ semester hours credit will be awarded for the _____ semester upon successful completion of the internship. A total of _____ progress reports will be submitted to the faculty supervisor and cooperating employer with one being submitted every _____ week(s) , beginning _____ . A final evaluative report will be due by _____ , a copy of which will also be given to the departmental coordinator.

I understand the expectation of the internship to be completed at the time and location noted on this application. The objectives and proposed activities have been prepared in consultation with my faculty supervisor and cooperating employer.

	_____ SIGNATURE	_____ DATE
Approvals:	Signature	Date
Faculty Supervisor	_____	_____
Cooperating Employer	_____	_____
Departmental Coordinator	_____	_____