



OSU Agriculture Program
At EOU



INTERNSHIP APPROVAL AND LEARNING AGREEMENT

Student Information

Student's Name _____ Major _____

Address _____ Phone (____) _____

City, State, Zip _____

Permanent Address _____ Phone (____) _____

City, State, Zip _____

Internship Report Deadlines: Draft/outline due: end of _____ term _____(year).

Final draft due: end of _____ term _____(year).

Internship Presentation Scheduling Deadline: end of _____ term _____(year).

Internship Placement

Beginning Date _____ Ending Date _____

Company Name _____ Student's Job Title _____

On-Site Supervisor _____ Title _____

Address _____ Phone (____) _____

City, State, Zip _____

E-Mail _____ Fax (____) _____

Salary _____ Hours per week _____

Worker's Compensation Insurance paid by: Employer _____ Student/Parent _____

Job Description:

University Information

Faculty Advisor _____ Phone (____) _____

Address: 205 Badgley Hall, One University Blvd., La Grande, OR 97850 Fax (541) 962-3444

E-Mail Address _____

Student's Learning Objectives

1. _____

2. _____

3. _____

4. _____

Signatures

As parties to this agreement, we have accepted the responsibilities and conditions as stated in *Internship Policies, Procedures and Responsibilities* and on this form.

Student signature _____ Date _____

On-Site Supervisor signature _____ Date _____

Faculty Advisor signature _____ Date _____