

**MICHIGAN STATE UNIVERSITY
COLLEGE OF AGRICULTURE AND NATURAL RESOURCES**

**Professional Internship Training Agreement with the
Department of Community Sustainability**

**Majors: Environmental Studies and Sustainability; Agriculture, Food and Natural Resources Education;
and Sustainable Parks, Recreation and Tourism**

(not a binding contract but a statement of agreement and understanding)

Student's Name: _____ **Student Number:** _____
First Middle Last **Student Advisor:** _____

Student's Home Mailing Address: _____
Number and Street City State Zip

Student Phone: (____) _____ **Jr. Sr. Major** _____ **Concentration** _____
Cell

Employer: _____ **Phone:** (____) _____ **FAX:** (____) _____

Supervisor: _____ **Title:** _____ **Supervisor Email** _____

Address: _____
Number and Street City State Zip

Dates of Internship: ____/____/____ **to** ____/____/____ **Check Semester:** FS__ SS__ US__ **Year:** _____ **# cred.** ____

Student's Internship: _____
Cell Phone FAX Email

Advisor's approval signature: _____ **Date:** _____

Occupational Duties: _____

Academic Responsibilities – As per 493 course syllabus

Criteria for Academic Evaluation – As per 493 course syllabus

**Student liability insurance is provided by MSU. Worker's Compensation Insurance WILL __ WILL NOT __
be provided by the Cooperating Employer.**

Daily hours of work: _____ a.m. to _____ p.m. **Days per week:** _____

Scholarship: \$ _____ **Stipend: (Salary/Lump sum)** \$ _____ **Hourly wage:** \$ _____

Room: Provided __ Assisted __ None __

Board: Provided __ Assisted __ None __

**The undersigned agree to conform to this agreement and two weeks notice must be given to all three parties
before this agreement is terminated. The completed internship agreement form must be returned to the MSU
internship coordinator before the internship begins.**

Signed: Cooperating Employer: _____ **Date:** _____

Student Intern: _____ **Date:** _____

Major Internship Coordinator: _____ **Date:** _____

INTERNSHIP TRAINING INFORMATION