



**MICHIGAN STATE UNIVERSITY
DEPARTMENT OF HORTICULTURE**

Professional Internship Agreement 201

Student's Name:

Student PID:

Student's email:

Student's cell number:

Employer (Name of business or organization):

Business mailing address:

Direct Supervisor's contact information:

Name:

Title:

Telephone number:

e-mail:

Start date of Internship:

End date:

Daily hours of work:

Weekly work schedule:

Pay (per hour): \$

Other compensation provided by the employer:

Vehicle yes no

Housing yes no

Other yes no

If yes, please specify:

Activities in which students will participate

List the major work activities, duties and responsibilities. Detail the specific learning objectives and how they will be met during the course of employment. At least three learning objectives should be listed. Attach additional sheet(s) if needed.

The undersigned agree to conform with this agreement.

Two week notice must be given to all three parties before this agreement is terminated.

Signed

Student Intern:

Date:

Cooperating Employer:

Date:

Faculty Advisor