

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

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

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

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

**Student's Name:** \_\_\_\_\_ **PID Number:** \_\_\_\_\_

**Student's Mailing Address:** \_\_\_\_\_  
Number and Street City State Zip

**Phone:** \_\_\_\_\_ **Major:** AFNRE ESS SPRT

**Employer Organization:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Dates of Internship:** \_\_\_\_\_ **Semester(s):** FS SS US **Year(s):** \_\_\_\_\_

**# Credits CSUS 493**      3      4      5      6

**Required Written Occupational Duties Attached**      Yes      No

**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:** \_\_\_\_\_

**Remuneration: Hourly wage \$** \_\_\_\_\_ /hr. **or Stipend (Salary/Lump sum) \$** \_\_\_\_\_ **or None** \_\_\_\_\_

**Room:**              Provided              Assisted              None

**Board:**              Provided              Assisted              None

The undersigned agree to follow all MSU health and safety requirements related to COVID-19 until MSU instructs otherwise while on MSU property and while participating in MSU-related or sponsored activities, wherever they occur in regard to the professional internship experience. This includes wearing of face coverings, maintaining 6-foot distance from others to the maximum extent possible, proper hygiene and health practices including washing hands or using hand sanitizer, routinely cleaning and sanitizing of workspace, refraining from shaking hands, self-monitoring and quarantining when necessary, and following all public health recommendations.

The undersigned agree that if safety protocols are not met (including proper provision and use of approved PPE) by all parties, it may result in the termination of the internship.

The undersigned agree to conform to this agreement and two week's notice must be given to all three parties before this agreement is terminated except in the case of violating COVID-19 safety protocols by either party (see protocols listed above). The completed internship agreement form must be returned to the MSU internship coordinator before the internship begins.

**Cooperating Employer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Intern:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CSUS Major Internship Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_