

# Department of Applied Economics Internship Agreement Form

Internship Begins (Date) \_\_\_\_\_ Ends \_\_\_\_\_ AEC 410 (1-6)

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**Student Information** *(may be typed or printed)*

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

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**Internship Employer (Company/Agency/Organization)**

Employer Name \_\_\_\_\_ Student's Job Title \_\_\_\_\_

On-Site Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Salary \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Email \_\_\_\_\_

Description of Work to be Performed \_\_\_\_\_

\_\_\_\_\_

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**Student's Learning Objectives** *(List what you want to accomplish by the end of the internship)*

*Example: I want to be proficient in assessing grass seed marketing alternatives.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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**On-Site Supervisor's Responsibilities to the Student (How will employer help student to successfully fulfill employment tasks and learning objectives)**

*Example: Clearly communicate expected task outputs to student. Evaluate intern's performance on a weekly basis.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

On-Site Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

*(Learning objectives & general internship approved)*

Suitability for future internships Yes \_\_\_\_\_ No \_\_\_\_\_