

School of Agriculture Internship Agreement
Western Illinois University - College of Business and Technology

Due no later than one week before the start of the internship

THE COOPERATING AGRICULTURAL BUSINESS/AGENCY AGREES TO:

1. Cooperate in developing and conducting a training plan which the intern will follow. This training will include activities in several areas of the agricultural business. Similarly, the variables, constraints and general thought processes in making management decisions will be discussed with the intern as much as possible.
2. Provide the intern with whatever materials are necessary to complete an agreed upon special project.
3. Complete an intern evaluation form and mail it to the faculty supervisor.
4. Provide the student intern with safety instructions commensurate with the level of danger for the intern, others in the area, and/or the environment.
5. Verify that the number of hours the intern is submitting to the faculty supervisor is accurate (See Appendix B-2).

THE FACULTY SUPERVISOR AGREES TO:

1. Be responsible for final approval of the training plan.
2. Arrange one visit during the intern program (assuming adequate University travel funds are available).
3. Discuss the responsibilities of the internship and requirements and training plan with the intern. All documents, reports, final report and special project report will be evaluated by the faculty supervisor.

THE STUDENT INTERN AGREES TO:

1. Review and fulfill the qualifications and requirements for the internship.
2. Enroll in Agriculture 301, Agriculture Internship, for an agreed upon number of credits (assuming prior approval by the faculty supervisor).
3. Develop and complete the required documents and reports in cooperation with the cooperating agricultural business/agency, and the faculty supervisor.
4. Make the initial contact with the cooperating agricultural business/agency and obtain the position desired.
5. Provide an up-to-date resume for use by the business/agency sponsor and the faculty supervisor.
6. Contact the faculty supervisor immediately if a problem arises regarding the internship.

Internship Firm

Firm Address

City

State

Zip

Agrees to the provision of the above statement for: (student's name)

Internship Start Date

Internship End Date

Internship Supervisor

Supervisor Phone

Supervisor E-mail

Student Printed Name, Signature, and Date:

Internship Supervisor Printed Name, Signature, and Date:

Faculty Supervisor Printed Name, Signature, and Date:
