

MICHIGAN STATE UNIVERSITY

Department of Horticulture

Professional Internship Training Agreement

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

Student's Name: _____
(last, first, middle)

Student's PID: _____

Student's Mailing Address: _____
(number & street, city, state, zip)

Telephone: (local) _____ (Cell) _____

Employer: _____

Semester: _____ Year: _____

Employer's Address: _____
(number & street, city, state, zip)

Employer or Supervisor's Name: _____

Employer or Supervisor's Telephone Number: _____

Employer or Supervisor's e-mail: _____

Dates of Internship: _____ Semester: Fall - Spring - Summer Year: _____

Activities in which students will participate (add additional sheet if necessary)

1. Occupational activities

2. Academic responsibilities

3. Criteria for academic evaluation

Student liability insurance is provided by MSU. Workman's Compensation Insurance must be provided by the Cooperating Employer.

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

Remuneration employer is to pay this student: \$ _____ per hour

Additional remuneration (lodging, meals, travel, etc.) _____

The undersigned agree to conform with this agreement, and two weeks must be given to all three parties before this agreement is terminated. The internship information on the bottom of this document is a part of this agreement.

Signed:

Cooperating Employer: _____ Date: _____

Student Internee: _____ Date: _____

Student's Advisor: _____ Date: _____