

**MICHIGAN STATE UNIVERSITY
DEPARTMENT OF HORTICULTURE
Professional Internship Training Agreement**

Student's Name:

Student PID:

Student's email:

Student's Cell Telephone:

Student's Mailing Address:

Employer:

Business Physical Address:
(Street and number, city, state, zip)

Employer Contact Name:

Employer Contact Telephone Number:

Employer Contact e-mail:

Semester of Internship (Spring, Summer, Fall):

Year: 20

Start/End Dates of Internship:

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

Daily hours of work:

Days of work:

Pay (per hour): \$

Activities in which students will participate

List the major work activities or duties and responsibilities. List the specific learning objectives (what specific tasks or skills will you learn during this internship?). At least three learning objectives should be listed.

The undersigned agree to conform with this agreement, and two weeks must be given to all three parties before this agreement is terminated.

Signed

Student Intern:

Date:

Cooperating Employer:

Date:

Academic Advisor

Date: