

Internship Training Agreement

To Be Completed by Intern's Supervisor:

I, _____, have agreed to accept and will serve as the Mentor/Supervisor for _____, a student intern from the Department of Animal Sciences at Oregon State University.

Organization: _____

Address: _____

Mentor/Supervisor Name and Title: _____

Phone: _____ Email: _____

Intern's Job Title: _____

Intern's Job Description: _____

Internship Dates: From _____ to _____
hours/week: _____

Compensation: _____

To Be Completed by Student Intern:

Learning objectives:

1) _____

2) _____

3) _____

Internship Credit Hours: _____

Quarter you will register for Credit: _____

Signatures:

Student Intern

Date

Supervisor

Date

Faculty Member in Charge
Department of Animal Sciences
Oregon State University

Date