



Construction Management Internship Agreement

	Intern Organization	Intern	Faculty Supervisor
Name			Scott Seltveit
Company Name			MSU Moorhead Construction Management
Mailing Address			1104 7 th Ave. South
City/State/Zip Code			Moorhead, MN 56563
Phone			218.477.2469
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E-mail			seltveit@mnstate.edu

Academic credits expected: _____ Time of Internship: Begin _____ End _____

Compensation: _____ Hours per week: _____

INTERNSHIP JOB DESCRIPTION AND LEARNING OBJECTIVES:

(If more space is needed, the Internship Agreement can be two pages in length.)

EVALUATION PROCEDURE:

A formal internship evaluation will be mailed to the organization Intern Supervisor to be completed and returned to the Department of Technology within 10 days from the intern's last work day.

AGREEMENT SIGNATURES:

Student: _____

Date: _____

Faculty Supervisor: _____

Date: _____

Company Intern Supervisor: _____

Date: _____

Copies to: Student/Employer/Faculty Supervisor

Updated 11/09/05