



# Internship Agreement

• TECHNOLOGY •

	Intern Organization	Intern	Faculty Supervisor
Name			Pam McGee
Company Name			MSU Moorhead
Mailing Address			Technology Department
City/State/Zip			Moorhead, MN 56563
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Academic credits: \_\_\_\_\_ Dates of Internship: Begin \_\_\_\_\_ End \_\_\_\_\_

Compensation: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

### INTERNSHIP JOB DESCRIPTION AND LEARNING OBJECTIVES:

(If more space is needed, please attach a second page.)

### EVALUATION PROCEDURE:

A formal internship evaluation will be mailed to the organization Intern Supervisor to be completed and returned to the Technology Department within 10 days from the intern's last workday. The formal company evaluation may be attached but we request the MSUM formal internship evaluation be completed. The formal evaluation is an integral part of our ongoing assessment process.

### AGREEMENT SIGNATURES:

Student: \_\_\_\_\_

Date \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

Date \_\_\_\_\_

Organization Intern Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Copies to: Student/Employer/Faculty Supervisor

01/01/2002

Hard copy with signatures required for internship file

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