Internship Placement Agreement
Agriculture Department

CROOKSTON

This Agreement outlines specific responsibilities and expectations accepted by:

EMPLOYER	STUDENT
Company_____	Student Intern_____
Supervisor Name/Title_____	Student's Position Title_____
Company Street Address_____	Summer Address_____
City, State, ZIP_____	Summer Email_____
Supervisor's Telephone Number_____	Summer Phone_____
Supervisor's Email_____	Summer Fax_____

This internship provides a comprehensive training experience for the student by performing duties including:_____
Directions to the employment site:_____

A. Conditions of Employment

1. The internship period will be at least _____weeks with a minimum average of _____hours per week.
2. The internship will begin on _____(day/month/year) and will end on or about _____(day/month/year)
3. Wages paid to the student intern will be set as follows: An hourly wage of $_____or a weekly wage of $_____or a monthly wage of $_____.
4. Benefits supplied by employer to employee: (check)

☐Liability Insurance ☐Social Security

☐Workmen's Compensation ☐Other (specify)_____

☐Overtime wages (state conditions of)_____

B. Provisions of the Internship Program

The Employer Will:

1. Enable the student to gain experience in a variety of positions (jobs) within the firm.
2. Assign the student new responsibilities when the employer feels the student can handle them.
3. Collaborate with the University in evaluating the students learning experience.
4. Notify the internship coordinator of any significant deficiencies in the student's performance.
5. Assure compliance with all applicable employment laws and regulations.

The Student Agrees to:

1. Perform assigned duties to the best of his/her ability.
2. Keep the employer's best interest in mind at all times and be punctual, dependable and loyal to the firm.
3. Follow directions, avoid unsafe acts, and be honest in all dealings with the employer and or customers.
4. Submit records and reports as required by either the employer or the University when due.
5. Ask for clarification if unsure of any procedure or expectation of either the employer or the University.
6. Keep the employer and the coordinator informed of any change in his/her program or intentions.
7. Send a follow-up thank you letter to the employer upon completion of the internship.

The University Agrees to:

1. Assist the student in securing on-the-job training related to his/her career goals.
2. Assist the student in times of need.
3. Work with the employer in developing training plans consistent with the student's career goals.
4. Report problems related to the internship experience program to appropriate persons or officials.
5. Terminate this agreement if, after other appropriate investigation, no other mutually agreeable alternative is available.

Agreed to by:

Internship Employer: _____ Date _____

Internship Student: _____ Date:_____

Academic Advisor: _____ Date:_____

Rev. 4/07

Dept. Intern Coordinator: _____ Date:_____