



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
Phone			218.477.2466
Fax			218.477.5958
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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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