



• TECHNOLOGY •

Student Internship Agreement

| | Organization Intern Supervisor | Student Intern | Faculty Advisor |
|-----------------|--------------------------------|----------------|--------------------------|
| Name | | | Dr. Aziz Kian, CIT |
| Company Name | | | MSU Moorhead |
| Mailing Address | | | Department of Technology |
| City/State/Zip | | | Moorhead, MN 56563 |
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| Fax | | | 218.477.5958 |
| E-mail | | | kian@mnstate.edu |
| | | | |

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. Feel free to attach an official company internship description)

EVALUATION PROCEDURE:

A formal internship evaluation will be Emailed to the Organization’s Intern Supervisor to be completed and returned to the Department of Technology. The normal company evaluation may be included but we request the MSUM formal internship evaluation be completed as the formal evaluation is an integral part of an ongoing program assessment.

AGREEMENT SIGNATURES:

Student Intern: _____

Date _____

Organization Intern Supervisor: _____

Date _____

Faculty Advisor: _____

Date _____

Copies to: Student/Employer/Faculty Supervisor

10/16/06

Hard copy with signatures required for internship file

Minnesota State University Moorhead is an equal opportunity educator and employer