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| --- | --- | --- | --- |
|  | **Intern/Employer Organization** | **Intern/Student** | **Faculty Supervisor** |
| **Name** |  |  | **Pam McGee** |
| **Company Name** |  |  | **MSU Moorhead** |
| **Mailing Address** |  |  | **Professional Management** |
| **City/State/Zip**  |  |  | **Moorhead, MN 56563** |
| **Phone** |  |  | **218.477.2466** |
| **Fax** |  |  | **218.477.5958** |
| **Email** |  |  | **mcgeepa@mnstate.edu** |
| **Tech ID** |  |  |  |

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