

APPLICATION AND PLAN FOR INTERNSHIP PROGRAM

DEPARTMENT OF AGRICULTURAL SCIENCES
P.O. BOX 2088
SAM HOUSTON STATE UNIVERSITY
HUNTSVILLE, TX 77341

PLAN FOR INTERNSHIP PROGRAM

Student's name _____ SAM I.D. # _____

Local Address _____ Street _____ Home Address _____ Street _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Local Phone (____) _____ Cellular Phone (____) _____

Home Phone (____) _____ E mail _____

Academic Advisor _____ Major/Option _____

Credit Hours Completed _____ Cumulative Grade Point Average _____

Credit Hours Within Major _____ Major/Minor Grade Point Average _____

Supervising Agency/Company _____

Phone Number (____) _____

Agency's Address _____ Street _____

City _____ State _____ Zip Code _____

Type of enterprise or business _____

Date and duration of internship: Beginning date _____ Ending date _____

Internship Position Title (if appropriate) _____

Pertinent courses completed:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____

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Specific Learning Objectives of the Internship:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____

Semester Credit Hours Approved _____ Semester in which enrollment is planned _____

I agree to complete the internship and will prepare weekly reports and a detailed, word-processed final report explaining my internship activities, including any suggestions for improvement of the program. I will prepare a presentation and deliver the presentation as required by my faculty advisor. I will submit the report by _____

Date

Student Signature

Date

I have reviewed this Plan for Internship and find it consistent with the student's educational objectives.

Internship Advisor

Date

The cooperating agency agrees to provide the student an opportunity to obtain actual experience in the areas outlined above. The student's immediate supervisor will be responsible for evaluating the student's performance and forward to the internship advisor at the end of the internship.

Name of Company or Agency Representative

Title

Signature of company representative

Date

Address (if different from agency): _____
Street

City

State

Zip Code

Telephone _____ FAX Number _____ E-mail Address _____