



OSU Agriculture Program  
At EOU



INTERNSHIP APPROVAL AND LEARNING AGREEMENT

**Student Information**

Student's Name \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Internship Report Deadlines: Draft/outline due: end of \_\_\_\_\_ term \_\_\_\_\_(year).

Final draft due: end of \_\_\_\_\_ term \_\_\_\_\_(year).

Internship Presentation Scheduling Deadline: end of \_\_\_\_\_ term \_\_\_\_\_(year).

**Internship Placement**

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Company Name \_\_\_\_\_ Student's Job Title \_\_\_\_\_

On-Site Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Salary \_\_\_\_\_ Hours per week \_\_\_\_\_

Worker's Compensation Insurance paid by: Employer \_\_\_\_\_ Student/Parent \_\_\_\_\_

Job Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**University Information**

Faculty Advisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: 205 Badgley Hall, One University Blvd., La Grande, OR 97850 Fax (541) 962-3444

E-Mail Address \_\_\_\_\_

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**Student's Learning Objectives**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

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**Signatures**

As parties to this agreement, we have accepted the responsibilities and conditions as stated in *Internship Policies, Procedures and Responsibilities* and on this form.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

On-Site Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor signature \_\_\_\_\_ Date \_\_\_\_\_