



INTERNSHIP/COOPERATIVE EDUCATION AGREEMENT
Department of Animal Sciences

STUDENT INFORMATION

Name: _____ Student ID #: _____

Major: _____ Classification (Yr): _____ Grad Date: _____

Email: _____ Telephone No.: _____

Address during your internship:

Have you had a previous internship? No _____ Yes _____ If yes, for how many credits? _____

INTERNSHIP ADVISOR INFORMATION

Internship Advisor Name and Email Address: _____

Department: _____ Advisor Office Address/Phone: _____

Student authorized to register (term): _____ Class #: _____

Student is approved to register for _____ credits for the summer term _____.

Student is approved to register for _____ credits for the fall term _____.

Student is approved to register for _____ credits for the spring term _____.

Academic credit for an internship is related to the hours of work experience, learning objectives and the needs of the individual student. Credit for a given internship is by agreement between the student and the faculty advisor within the following policy guidelines for the program. Students should have at least 80 hours of work experience for each credit earned. Total credit awarded is by agreement between the faculty advisor and the student as long as the minimum standard above is met.

Total number of progress reports required: _____

Progress reports are due on the following dates: _____

The final internship report will be due on the following date: _____

Student's learning objectives (discuss with your advisor and list below, use additional sheet if needed):

BUSINESS/AGENCY INFORMATION

Business/Agency Name: _____

Business/Agency Address: _____

Business/Agency Supervisor: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Website: _____ Is this a paid or unpaid position? _____

Number of hours student will work each week: _____

Internship beginning date: _____ Internship ending date: _____

Student work responsibilities (discuss with your supervisor and list planned job duties or attach job description):

It is agreed that the business/agency will extend an opportunity to actually experience the areas of their operations as stated to this participating student. The business/agency agrees to complete an Internship Evaluation form for the student and return the evaluation to the student or the student's advisor.

Students who sign the Internship Agreement Form and who are properly enrolled and working within the scope of their internship are covered by the University liability insurance programs. Regular worker's compensation guidelines apply to employed students. Agencies are encouraged to consult their legal advisors for related questions. Health and accident insurance is the student's responsibility, with University Health Services outpatient coverage available at Madison Campus facilities to enrolled interns.

The University of Wisconsin through the College of Agricultural and Life Sciences agrees to award internship credit to the above named student upon satisfactory completion of the work experience and required reports. The Internship advisor will determine the grade.

Student must register for the semester that coincides with above dates before beginning the internship. Your Department will give you the five-digit enrollment class number so you can register for course #399. Summer Session: register for the 10-week session.

Student signature: _____ Date: _____

Intern Advisor signature: _____ Date: _____

Business/Agency Field Supervisor signature: _____ Date: _____