

School of Food Science – University of Idaho
Internship Training Agreement

(not a binding contract but a statement of agreement and understanding)

Student Name _____ Student Number _____

Student Mailing Address _____

Local Phone _____ Email _____ Employer Phone _____

Employer Name _____ Supervisor Name _____

Employer Address _____ Supervisor Email _____

Dates of Internship _____ FST 398 Credits _____

Student internship activities (attach additional sheet if necessary):

Academic responsibilities: Student will send weekly reports to the UI SFS internship coordinator. The student will prepare a final report (5-7 pages) following the Work Experience Report Format within 4 weeks of completing the internship. Weekly reports and the final report will be reviewed and signed by the coordinating employer.

Criteria for academic evaluation: Satisfactory work performance as determined by cooperating employer. Timeliness and completeness of weekly reports. Quality of final report.

Daily hours of work _____ a.m. to _____ p.m. Days per week _____

Rate of pay _____ Other support _____

The university does not have nor can it assume any liability relative to the protection of the individual intern. The intern is urged to review with the employer the employee benefits that are made available to them, i.e., health and accident insurance, workmen's compensation, and liability insurance. If adequate benefits are not available, the intern may wish to make his/her own arrangements.

The undersigned agree to conform with this agreement. Two weeks notice must be given to all parties before this agreement is terminated.

Cooperating Employer _____ Date _____

Student Intern _____ Date _____

Faculty Advisor _____ Date _____

Internship Coordinator _____ Date _____