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________