



# DIVISION OF ANIMAL SCIENCES UNIVERSITY OF MISSOURI-COLUMBIA INTERNSHIP PLACEMENT CONTRACT

Name and address of Employer or Supervisor.

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Supervisor who will direct student intern:

Supervisor's phone number: \_\_\_\_\_

Supervisor's email address: \_\_\_\_\_

Intern's name: \_\_\_\_\_

Beginning and termination dates of internship: From \_\_\_\_\_ To \_\_\_\_\_

Proposed work schedule (40 hrs/wk, 20hrs/wk, MWF 8-12, etc.):

Credit Hours Requested

Credit Hours Approved

A minimum of 45 hours of work experience is required for each hour of credit.

Will the intern receive compensation during the internship period?    Yes            No

If so, please specify the stipulations:

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Will the intern be covered by accident insurance during the internship period?

Yes

No

The above-named firm agrees to accept \_\_\_\_\_ for

The internship period noted, and during that period will endeavor to give the intern an opportunity to become familiar with all aspects of the phase of the business as developed in the proposed program (copy attached). The agent of this firm has read and is familiar with the objective of an internship program as outlined in the Animal Sciences Division's Internship Guidelines.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internship Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intern