

Internship Agreement

Ohio University Southern—Equine Studies Department

Turn in to Academic Adviser—Ohio Horse Park, 400 Bobcat Lane, Franklin Furnace, OH 45629; Fax—740.355.8789

Student Information

Student Name _____ Internship Advisor _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Email _____

Student's Internship Address _____

City _____ State _____ ZIP _____ Phone _____

Supervisor Information

Supervisor Name, Title and Company Name _____

Supervisor's Address _____

Supervisor's Phone _____

Position Information

Dates of Internship _____ to _____

Position _____

Position Responsibilities _____

Duty Hours of Work _____ AM to _____ PM Days per week: _____

Wages/salary employer is to pay to student: _____ per hour/week/month

Other Compensation _____

Other Information _____

The undersigned agree to confirm with this agreement and provide two weeks notice to all three parties before this agreement is terminated. The information contained in the Internship Course Book is part of this agreement.

Approved by Supervisor _____ Date _____

Approved by Student Intern _____ Date _____

Approved by Internship Advisor _____ Date _____

Due four weeks prior to start of internship (with proposal)