

**North Dakota State University  
Department of Animal Sciences  
Agreement for Internship**

This agreement form is in regard to the undergraduate student ("Student") interning with the respective Cooperating Agent or Employer ("Cooperator").

\_\_\_\_\_  
Cooperator Contact Name

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Student Phone

\_\_\_\_\_  
Company Phone

\_\_\_\_\_  
Student E-mail

\_\_\_\_\_  
Supervisor's E-mail

**Purpose of Agreement:**

The purpose of this agreement is to form a basis for mutual participation and understanding between the NDSU Department of Animal Sciences and the Cooperator in an internship program.

**Objectives of Internship:**

1. Involve the animal industry in the education of future animal scientists.
2. Allow students to develop the best on-campus/off-campus educational program for their interests.
3. Aid students in making career decisions.

**Responsibilities:**

1. The responsibility for the direction of the students pursuing an internship will reside with the internship coordinator or faculty member designated by the department head of the Animal Science department.
2. Students will make necessary arrangements with the cooperator. The cooperator must be consistent with the student's area of study. The internship coordinator must approve the working relationship between the cooperator and the student. The internship coordinator will ensure that the cooperator and student are both aware of the expectations required to receive credit for the internship.
3. The student may complete an internship during any semester once they have successfully completed their first semester at NDSU. Cooperators should try to allow the

student to participate in as many aspects of the business as possible. Work experiences should be related to the student's line of study.

4. The cooperator agrees to submit a final evaluation report on the students work to the internship coordinator at the conclusion of the internship.
5. The agreement may be terminated when any party notifies the other parties, in writing, that he/she wishes to terminate the agreement.

**Tentative Internship Role and Work Hours:**

\_\_\_\_\_

Job title/responsibilities

\_\_\_\_\_

Work hours per week

\_\_\_\_\_

Number of weeks

**Signatures:**

**Student:** By signing, you agree that you have reviewed and agree to the requirements outlined in the course syllabus, student responsibilities and internship checklist, and the above document. You also agree that information you provided is accurate and correct, to the best of your knowledge. Lastly, you agree that you have shared the cooperator responsibilities document with your prospective cooperator.

\_\_\_\_\_ Date: \_\_\_\_\_

**Cooperator:** By signing, you agree to the cooperator responsibilities provided by the student and guidelines outlined in the above document. You also agree that information provided is accurate and correct, to the best of your knowledge. Lastly, you agree to contact the internship coordinator in the event an issue arises with the student.

\_\_\_\_\_ Date: \_\_\_\_\_

**Academic Advisor:** By signing, you agree that the proposed internship aligns with the student's career interests and warrants new experiences that will aid the student in career choices.

\_\_\_\_\_ Date: \_\_\_\_\_

**Reviewed and Approved by the Internship Coordinator:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Current Internship Coordinator for the ANSC Department:**

Blaine Novak

Phone: 701.231.1797

E-mail: [blaine.novak@ndsu.edu](mailto:blaine.novak@ndsu.edu)