Department of Horticultural Science
HS 493 Independent Study (On Campus)

NC STATE UNIVERSITY
Agriculture and Life Sciences

MEMORANDUM OF AGREEMENT

STUDENT INFORMATION			
First Name	Last/Surname		Date
Student ID		Major	
Email			Phone
Local Street Address			Apt #
City	State/Province	Country	Zip/Postal
Faculty or Adviser (working under)			Phone

EMPLOYMENT INFORMATION			
Supervisor's Name			Supervisor's Phone
Employment Start Date	Employment End Date	Working Hours per Week	Number of Weeks
Credit Hours (Minimum of 45 Hours of Participation = 1 Credit Hour)		Semester and Year to Register for Experience	

BROAD DESCRIPTION OF INTERNSHIP (to be completed by Employer):	
SPECIFIC TYPES OF WORK:	**% TIME ALLOCATED:**

OVER

MANAGEMENT AND DECISION MAKING EXPERIENCES IN WHICH STUDENT CAN PARTICIPATE:

OTHER REQUIREMENTS AS SPECIFIED BY SUPERVISOR (oral report, final written report, etc.):

WHAT DO YOU EXPECT TO LEARN FROM THIS INTERNSHIP (Objective):

DUE DATE OF FINAL REPORT: (Copy to Faculty & Undergraduate Coordinator)	

Student Signature _____ Date _____

Faculty or Advisor Signature _____ Date _____

Employer / Supervisor Signature _____ Date _____

Undergraduate Coordinator Signature _____ Date _____

BE SURE TO REGISTER FOR THE SEMESTER, CORRECT CREDIT HOURS, & UNDER YOUR ADVISER'S NAME!
(If the internship is during the summer, you can register for the fall semester.)

FORM SUBMISSION:

BEFORE the independent study begins, submit the completed form to issac_lewis@ncsu.edu or by mail:

Undergraduate Coordinator
Department of Horticultural Science
North Carolina State University
116 Kilgore Hall
Raleigh, NC 27695-7609