

DEPARTMENT OF **HORTICULTURAL SCIENCE***College of Agriculture and Life Sciences***HS 492 HORTICULTURE INTERNSHIP (Off Campus)****MEMORANDUM OF AGREEMENT****STUDENT INFORMATION**

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

EMPLOYER INFORMATION

Employer Company Name	Phone
Street Address	
City	State/Province
Country	Zip/Postal
Supervisor's Name	Phone

EMPLOYMENT INFORMATION

Employment Start Date	Employment End Date	Working Hours per Week	Number of Weeks
Credit Hours	(160 Working Hours = 1 Credit Hour, 12 Weeks Full-Time = 3 Credit Hours)		Semester and Year for Registration

BROAD DESCRIPTION OF INTERNSHIP (to be completed by Employer):

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SPECIFIC TYPES OF WORK:**% TIME ALLOCATED:**

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:
(By the End of the Semester Following the Internship)

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 internship 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