

**INTERNSHIP ACCEPTANCE / EDUCATION AGREEMENT FORM
UWSP-COLLEGE OF NATURAL RESOURCES**

Please Print

STUDENT INFORMATION

Full Name: _____

Address: _____

Permanent Address: _____

Contract Amount: \$ _____ <small>(needed only if you are being paid by UWSP)</small>	Discipline (check one)	Faculty Supervisor	Credits:
	Forestry <input type="checkbox"/>	Waste Mgmt <input type="checkbox"/>	_____
	Nat. Res <input type="checkbox"/>	Water <input type="checkbox"/>	_____
	Soils <input type="checkbox"/>	Wildlife <input type="checkbox"/>	_____
	Land Use <input type="checkbox"/>	_____	_____
		Werner <input type="checkbox"/> Haines <input type="checkbox"/>	
		Ginnett <input type="checkbox"/> Szczytko <input type="checkbox"/>	
		Razvi <input type="checkbox"/> Holsman <input type="checkbox"/>	

INTERNSHIP INFORMATION

Agency Name: _____ **Supervisor's Name:** _____

Supervisor's Email: _____ **Agency Fax #** _____ **Phone:** _____

Agency Address: _____

Start Date: _____ **End Date:** _____ **Hourly Rate:** \$ _____ **Hours/week:** _____

PLEASE NOTE: any income received may affect the Student's future financial aid eligibility. Check with the Financial Aid Office, Room 105, Student Services Center, for specifics.

ACCOUNT INFORMATION

Will you be paid by UWSP? Yes No (If no, skip to the next section) Account # (if known) _____

EDUCATION EXPERIENCE AGREEMENT

I agree to register for the appropriate credits through the University. I also realize that it is my professional duty to fulfill the requirements of this position and to perform at my best potential. I realize that if I forfeit this position without prior consultation with my Faculty Coordinator and the Intern Director, I will be ineligible for future intern positions and this will be reflected in recommendation letters from the CNR faculty. I am aware that if there are changes in the duration and days off in this position, **it is my responsibility** to notify my Faculty Internship Coordinator or Tammy Hanson, Intern Secretary (715) 346-4617 or thanson@uwsp.edu, room 100 CNR.

I understand an internship provides a special educational experience between a cooperating business or agency (hereafter called the AGENCY), and the College of Natural Resources, University of Wisconsin-Stevens Point (hereafter called the COLLEGE) and a student who at the time of this agreement is pursuing a degree at the University of Wisconsin-Stevens Point (hereafter called the STUDENT).

I understand that I am to complete whatever work is considered necessary by the Agency and College in order to complete the internship. The program will begin _____ (date) and terminate about _____ I will be paid \$ _____ per hour for _____ hours per week, and volunteer to complete additional learning experiences without compensation.

The COLLEGE agrees to award _____ semester credits of _____ (course title and number) upon completion of this program, including reports and/or additional requirements listed with the faculty supervisor.

Student Intern's Signature _____ Date _____

Faculty Supervisor's Signature _____ Date _____