



University of Missouri

Agricultural Systems Management 4940 – Internship

1.1 Application

(student must complete **BEFORE** internship starts)

Student's Name: _____ Student # _____

Expected Graduation Date: _____ GPA: _____

Email Address: _____

Local/Home Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

Enrollment Term: _____

Credit Hours:

2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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 Completion Date _____

Employer: _____ Employer Phone # (____) _____ - _____

Employer Address: _____

Supervisors' Name: _____

Supervisor's email address: _____

How did you find out about this Internship? _____

Brief description of job and/or responsibilities:

1.2 Background & Objectives

(complete **BEFORE** internship starts)

- GENERAL BACKGROUND

- Explain the company name, type, purpose, and general operations.
- Explain the responsibilities of the employees where you will work.

- Explain the five-year and/or ten-year growth plans for the company.

1.2 Background & Objectives

(complete **BEFORE** your internship starts)

- INTERNSHIP OBJECTIVES

- Explain how you and your supervisor determined the objectives of your internship.

- Write the objectives of your internship and/or any projects you plan to complete.



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1.3 Contract

(student must review with employer and complete **BEFORE** internship starts)

Student's Name: _____ Student # _____

The *Internship Documentation* listed below must be completed to successfully receive credit hours for ASM 4940. For more details about each requirement, please review the *Internship Handbook* you received when you submitted the application.

Internship Documentation	
1. Agreement Forms 1.1. Application 1.2. Background & Objectives 1.3. Contract	3. Journal Logs 3.1. Daily Log 3.2. Hour Log 3.3. Photo Log
2. Assessment Forms 2.1. Student Self Evaluation 2.2. Employer Evaluation 1 (midterm) 2.3. Employer Evaluation 2 (final)	4. Oral Report 4.1. Presentation 5. Written Report 5.1. Paper

I am signing my name below to confirm that I have reviewed the internship packet with my employer and I agree to submit all the required internship documentation that is listed above.

	Print Name	Signature	Date
MU Faculty			
Student			
Employer			