



INTERNSHIP/COOPERATIVE EDUCATION AGREEMENT

STUDENT INFORMATION

Name: _____ Student ID#: _____

Major: _____ Classification (Yr): ____ Grad date: _____

Email address: _____ Telephone number: _____

FACULTY ADVISOR INFORMATION

Internship Advisor Name and e-mail address: _____

Advisor Office Address/Phone: _____

Student is authorized to register for ____ credits of Rural Soc 399 "Cooperative Internship" for _____ semester 20____.

Credit recommendation: Generally, students can expect to earn one credit for every 45 hours of internship work and submission of a final report/reflection paper on their internship experience. Advisors and students should work together to negotiate the number of RS 399 credits students will earn. The credit determination could take into consideration the internship objectives, the type and amount of written/academic work to be submitted, and the amount of time to be spent at the internship.

Progress reports are due on the following dates: _____

The final internship report will be due on the following date: _____

Student's learning objectives (discuss with your advisor and list below; use additional sheet if needed):

BUSINESS/AGENCY INFORMATION

Organization Name: _____

Department of Community and Environmental Sociology
College of Agricultural & Life Sciences

350 Agricultural Hall University of Wisconsin-Madison 1450 Linden Drive Madison, Wisconsin 53706
608-262-1510 Fax: 608-262-6022 <http://www.dces.wisc.edu>

Organization Address: _____
Number/Street City State Zip

Organization Supervisor: _____ Title: _____

Phone: _____ Fax: _____ Email address: _____

Organization Website: _____ It this a paid or unpaid position?

Number of hours student will work each week: _____

Internship beginning date: _____ Internship ending date: _____

Student work responsibilities (discuss with your supervisor and list planned job duties or attach job description):

It is agreed that the organization will extend an opportunity to actually experience the areas of their operations as stated to this participating student. The organization agrees to complete an Internship Evaluation form for the student and return the evaluation to the student and UW-Madison internship advisor. Where pay is involved, the final arrangement will be made between employer and student.

Students are strongly encouraged to obtain health insurance. Depending on the nature of this internship, students may wish to discuss health and safety risks with their site supervisor and/or internship advisor, and the agency may wish to require proof that students has a current health insurance policy.

The University of Wisconsin through the College of Agricultural and Life Sciences agrees to award internship credit to the above named student upon satisfactory completion of the work experience and required reports. The Internship advisor will determine the grade in consultation with the Organization Supervisor.

Student signature: _____ Date: _____

Faculty Advisor signature: _____ Date: _____

Organization Supervisor signature: _____ Date: _____