

CAPTIVE WILD ANIMAL MANAGEMENT UNIVERSITY OF MISSOURI INTERNSHIP PLACEMENT CONTRACT

Institution Name:

Name and address of Employer or Supervisor.

Supervisor who will direct student intern:

Supervisor's phone number: _____

Supervisor's email address: _____

Intern's name: _____

Beginning and termination dates of internship: From _____ To _____

Proposed work schedule (40 hrs/wk, 20hrs/wk, MWF 8-12, etc.):

Will the intern receive compensation during the internship period? Yes No

If so, please specify the stipulations:

Will the intern be covered by accident insurance during the internship period?

Yes

No

The above-named firm agrees to accept _____ for
The internship period noted, and during that period will endeavor to give the intern an
opportunity to become familiar with all aspects of the phase of the business as developed
in the proposed program (copy attached). The agent of this firm has read and is familiar
with the objective of an internship program as outlined in the Animal Sciences Division's
Internship Guidelines.

Date

Supervisor

Date

Internship Coordinator

Date

Intern