**Oregon State University**

**Biological & Ecological Engineering Department**

**BEE 410**

**Individualized Internship Contract**

Student:

Agency/Organization:

Address:

Supervisor:

Title:

Phone:

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

Intern's proposed work schedule:

Days: M T W Th F S Su Variable (circle)

Times:

For each hour of academic credit, students are required to work as an intern at least three hours per week.

Credit hours (a total of 6 credits can count as Engineering Electives) \_\_\_\_\_\_\_\_\_\_

**Placement Contract**

1. What are the agreed upon objectives for the student intern?

2. What are the plans for meeting these objectives?

3. How will it be determined that the objectives have or have not been met?

4. Describe the activities that the intern will perform and indicate the approximate

percentage of time that the intern will be engaged in each activity/task.

5. Have the professional behaviors expected of the student intern been described

(dress code, confidentiality, punctuality, requesting leave, etc.)?

6. How often will the student intern receive individual supervision and feedback

regarding performance and objectives (e.g., daily, weekly, etc.).

7. What special or unique opportunities will this internship afford the intern?

8. On approximately what date will the student intern's performance be terminally

evaluated?

**Placement Contract**

All of the above has been completed in coordination with the student intern, internship site supervisor, and a BEE department representative. All parties are in agreement regarding the objectives and coordination of this internship placement.

Student Intern:

Placement Site:

On-Site Supervisor:

Student Intern's Signature Date

Supervisor's Signature Date

BEE Department Internship Coordinator Signature Date