Department of Horticulture
Virginia Tech
Internship Agreement
(Not a binding contract, but a statement of understanding)

Student's Name: _____
Last First Middle

_____
Street or PO Box

_____
City State Zip Phone

Company Name _____

_____
Street or PO Box

_____
City State Zip Phone

Supervisor's Name and Phone Number _____

Date of Employment: Beginning _____ End _____

Educational Objectives (activities in which the student will participate)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Approximate Hours per Week _____ Wage: $_____

Employer's Representative:

_____
Printed Name Signature Date