

# INTERN/SUPERVISOR CONTRACT

BIOLOGY PROGRAM  
Southwest Minnesota State University  
1501 State Street  
Marshall, MN 56258  
507-537-6178

NAME OF INTERN \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

SUPERVISOR POSITION \_\_\_\_\_

NAME AND ADDRESS OF SUPERVISOR'S ORGANIZATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATES AND TIME INTERN WILL WORK \_\_\_\_\_

\_\_\_\_\_

MINIMUM NUMBER OF HOURS INTERN WILL WORK (TOTAL) \_\_\_\_\_

DESCRIBE THE TYPE OF WORK INTERN WILL BE EXPECTED TO DO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INTERN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INTERNS ARE REMINDED THAT THIS INTERN/SUPERVISOR CONTRACT MUST BE COMPLETED AND FILED WITH THE ACADEMIC ADVISOR BEFORE THE INTERNSHIP ACTUALLY BEGINS.**