

**SCHOOL OF MOLECULAR BIOSCIENCES
PSM INTERNSHIP AGREEMENT**

This agreement must be completed and submitted as part of the internship proposal to members of your committee and to the Graduate Academic Coordinator at tamara.breske@wsu.edu at least two weeks before the beginning of the internship.

Internship Course No: **MBioS 701** Credits to be earned: _____

FOR STUDENT

Name: _____ WSU ID#: _____

Phone: _____ Email: _____

Degree: _____

Describe your learning goals during this internship:

FOR INTERNSHIP MENTOR

Internship Site: _____

Internship Site Address: _____

Street

City _____ **State** _____ **Zip Code** _____

Mentor Name: _____

Title: _____

Phone: _____ Email: _____

Starting date: _____ Completion date: _____

Internship location/dept.: _____ Hours per week on internship: _____

Student's wage: _____

Other compensation: _____

Describe the intern's responsibilities (or attach job description):

SIGNATURES

Student Intern: I accept the responsibilities as stated on this agreement. I agree to complete all internship assignments promptly and to the best of my ability. I agree to familiarize myself with and adhere to the relevant organizational policies, procedures, functions, and standards of ethical conduct.

Student: _____ Date: _____

Mentor: I have discussed the internship and this agreement with the student. I agree to provide the intern with an orientation concerning organizational policies, procedures, and functions, and meet regularly with the intern. I agree to conduct an evaluation of the student.

Mentor: _____ Date: _____