Statement of Understanding

Horticulture & Crop Science Student Intern Program
The Ohio State University
Columbus, Ohio 43210

Name:_____
Last First Middle

Intern Mailing Address (home):_____

_____ **Phone** _____

Intern Mailing Address (During Internship: _____**Phone** _____
(If not known, contact us with this information as soon as possible)

_____

Employer Company Name: _____

Supervisor's Name ((Please print legibly) _____

Address:_____ **Telephone** _____

Dates of Employment_____
_____

Please outline the activities in which the student will participate. Indicate duties relating to general labor, sales, management, production, supervision, outside activities, etc. Please indicate how the student's experiences will further his/her preparation for a future career. What experiences will this intern have that go beyond those of a typical seasonal employee? Use back of page, if necessary.

Daily Hours of Work: _____**A.M. to** _____**P.M.** _____ **days per week**
Pay rate per hour $_____ **Overtime rate (if applicable) $**_____
_____

I agree to conform to this understanding. Two (2) weeks notice will be given before an intern is terminated, if possible.
Signed:
Employer_____ **Date** _____

Intern _____ **Date** _____

Coordinator _____ **Date** _____