

CALIFORNIA STATE UNIVERSITY, STANISLAUS
Agriculture Department
INTERNSHIP LEARNING CONTRACT

STUDENT INFORMATION

NAME _____ ID# _____
ADDRESS _____ PHONE _____ CELL PHONE _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL _____ UNITS CURRENTLY ENROLLED ___ UNITS COMPLETED _____
CONCENTRATION _____ CLASS STANDING (Junior, Senior, etc.) _____

EMPLOYER INFORMATION

EMPLOYER _____
SITE ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
JOB TITLE _____ SUPERVISOR _____
EMPLOYER PHONE _____ DURATION _____
UNITS FOR INTERNSHIP _____ DAYS _____ HOURS _____

FACULTY COORDINATOR Dr. Oluwarotimi Odeh

DEPARTMENT Agriculture PHONE 209-664-6648 FAX 209-664-6649
COURSE# AGST 4940 DIRECT LINE 209-667-3961

LEARNING CONTRACT AGREEMENT

This LEARNING CONTRACT AGREEMENT may be amended by the student, Faculty Coordinator or Employer upon written agreement among the participants. The student has the responsibility of providing a copy of the contract to the Faculty Coordinator and Employer.

Student Signature _____ Date _____
Faculty Coordinator Signature _____ Date _____
Department Chair Signature _____ Date _____
Employer Signature _____ Date _____