

**SCHOOL OF MOLECULAR BIOSCIENCES  
INTERNSHIP AGREEMENT**

This agreement must be completed and submitted as part of the internship proposal members of your committee and to the Graduate Academic Coordinator at [smbgrad@wsu.edu](mailto:smbgrad@wsu.edu) two weeks before the beginning of the internship.

Internship Course No: **MBioS 702** 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: \_\_\_\_\_