



Fax or mail this form to:
Texas A&M University-Kingsville
College of Business
700 University Blvd. / MSC 182
Kingsville, TX 78363-8202
Phone (361) 593-3902
Fax (361) 593-4354

All internships must be approved prior to start date.

Please print clearly

I have reached an agreement for an educational work experience between:

Student Intern name _____
 Company name _____
 Primary contact name _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone () _____ Fax () _____
 E-mail address _____
 Name of intern supervisor (if different from primary contact) _____
 Start Date _____ End date _____

During the internship, the student is required to complete related work experience within their major. It is agreed that a student will work towards acquiring the knowledge and objectives of the work experience activities designated for (circle one) **Accounting Finance Management Marketing Information Systems**

Please list and indicate an approximate percentage (%) of time the student would spend on each duty:
 (Percentages (%) must equal to 100%. Example: sales 30%).

Duty	Time Percentage	Duty	Time Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Compensation Number of hours per week _____ X \$ _____ per hour
 The university minimum is 150 hours of internship work per internship.

By signing this agreement, the participating company/ organization agree to all terms of this contract.

Employer's Agreement

The firm agrees to hire the intern named above for a minimum of four (4) weeks, (150) work hours. If the internship is terminated for any reason, we will notify the College of Business Administration within ten (10) working days. This firm agrees to provide professional supervision for the intern and keep track of intern's hours. The intern's supervisor will confer with the internship coordinator at least once during the internship. The supervisor will also complete brief final evaluation of the intern's work (form to be supplied by the college via email). The internship is not considered complete until the internship coordinator has received the completed evaluation form.

Primary contact _____ Date _____
 CBA Internship Coordinator _____ Date _____
 CBA Administration _____ Date _____

If you have questions or concerns, contact:
 Cindy Longoria, M.B.A.
 Academic Advisor III / CBA Internship Coordinator
Cynthia.longoria@tamuk.edu
 Phone (361) 593-3902