

Individual Internship Agreement
TYPE ONLY

This Individual Internship Agreement sets forth the agreement between:

_____, the STUDENT, UIN _____ and _____,
the COMPANY, pursuant to the Master Internship Agreement between the COMPANY and Texas A&M University,
dated _____ for the completion of an internship as required by Course Number: _____.

1. The COMPANY agrees to employ the STUDENT to satisfy the requirements of his/her internship starting date _____ and finishing _____ at the hourly rate of \$ _____.
2. During the internship period, the COMPANY agrees to employ the intern in the task areas checked below:
 - Safety Estimating Project Planning and Scheduling Design Cost Controls
 - Marketing, Proposals, and Sales Procurement and Expediting Field layouts and Surveying
 - Project administration and management (RFIs, shop drawings, change orders, etc.)
 - Craft training or skills (working on a crew with a qualified craft supervisor)
 - Other _____
3. The student will be located at Address: City, State, Zip: _____
4. STUDENT's medical insurance will be provided by: Family Student Company
5. STUDENT traveling to an internship by privately owned vehicle must have a Texas or other state driver's license, possess personal automobile insurance coverage as mandated by the State of Texas, and the vehicle must have a current state inspection and registration. **Student's signature under "ACCEPTED AND AGREED" below signifies that this student travel requirement has been met per University Rule 13.04.99.M1.01 Section 3.2.2.**
6. At the satisfactory completion of the internship and upon receipt of an invoice, the COMPANY agrees to pay an Internship Management Fee in accordance with the Master Internship Agreement.

ACCEPTED AND AGREED:

STUDENT ***

COMPANY

Name (Printed)

Internship Sponsor Name (Printed)

Signature

Signature

Date

Date

**** A completed and signed form must be submitted to the Industry Relations Office before student can be registered for the course.**

*****Any holds on student account will delay registration. Student must verify on HOWDY prior to submitting this form.**

Company Contact Information:

Contact Name:	_____				
Address:	_____				
Phone:		Fax:		Email:	
Fee Billing Address:	_____				
City, State, Zip	_____				

Office Use Only: Log: _____ C364 _____ C381 _____ REG: _____