

### Individual Internship Agreement

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 class**

**Approved:**

\_\_\_\_\_  
COSC Industry Relations Coordinator

\_\_\_\_\_  
Date

**Company Contact Information:**

<b>Contact Name:</b>	_____				
<b>Address:</b>	_____				
<b>Phone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Fee Billing Address:</b>	_____				
<b>City, State, Zip</b>	_____				