CONSTRUCTION SCIENCE DEPARTMENT
TEXAS A&M UNIVERSITY

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UNIVERSITY

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, for the completion of an internship as required by COSC 494, Professional Internship.

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. Upon receipt of the invoice for the Internship Management Fee, the COMPANY agrees to pay in accordance with the Master Internship Agreement.

ACCEPTED AND AGREED:

STUDENT INFORMATION

SUPERVISOR INFORMATION OF STUDENT INTERN

_____
Name (Printed)

_____
Supervisor of Student Intern (Printed)

_____
Signature

_____
Signature

_____
Date

_____
Email Address:

Date _____

ACCOUNTS PAYABLE CONTACT INFORMATION: (PRINTED OR TYPED)

AP Contact Name:	
AP Email Address:	
AP Phone Number:	
Accounts Payable Physical Address: **City, State, Zip**	