NEBRASKA COLLEGE OF TECHNICAL AGRICULTURE
404 East 7th Street  Curtis, Nebraska 69025  Phone: 308-367-4124

INTERNSHIP/PRACTICUM AGREEMENT

Check Division: _____ AMS  _____ APS  _____ HS  _____ VT  Fax: _____________________________

Please type or legibly print the following:

Student’s Name ___________________________________________ Date: __________
Student’s Address _______________________________________
During Internship: _______________________________________
                 (Street/Route/Box) Phone: ___________________________
                 (City) (State) (Zip)

Name of Employing Firm: __________________________________
Address of Employing Firm: ________________________________
                        (Street/Route/Box) Fax: ___________________________
                        (City) (State) (Zip)

Employer: _______________________________________________

Training Supervisor of Student (if different) ______________________________

Employment Dates: From ____________________ To ____________________

The employer agrees to hire the above named student for the period indicated above or longer as mutually agreed. (S)He also agrees to arrange for instruction of the student in as many phases of the work as is commensurate with the prevailing situation. The primary duties which the student will perform are:

_______________________________________________________________________________________________

Starting wages will be $ ________ per month $ ________ per week $ ________ per day $ ________ per hour
There (will) or (will not) be a possibility of increased wages based upon satisfactory performance. (This information is necessary to eliminate any misunderstandings on compensation agreed upon and for financial aid calculation purposes).

The student agrees to work for the above named employer for the period of time and the starting wages indicated. Employment may be terminated by two weeks written notice to either party and to the Division Chair at NCTA. Failure to meet the internship practicum agreement must be resolved by the student in person and in writing to the satisfaction of the employer and division before a different internship can be pursued.

Health Insurance: Students are responsible for having health & accident insurance coverage before attending classes, including internship. Insurance can be through a parent’s or guardian’s policy, or an independent policy. The college does not provide insurance for students. Students are NOT always covered by workman’s compensation.

It is further agreed that:
1. The work week will be __________________________ days.
2. The hours of work will generally be from __________ a.m. to __________ p.m.
3. Other conditions: ___________________________________________

Mail to: NCTA
        404 East 7th Street
        Curtis, NE 69025

Division ___________________________ Signed ___________________________
(Student) ___________________________ (Employer) ___________________________
(Internship Instructor) _____________________________________________________

The Nebraska College of Technical Agriculture does not to discriminate on the basis of sex, handicap, race, color, religion, and national or ethnic origin.

Three Copies Required: Employer, Student, College