INTERNSHIP AGREEMENT

PGA Golf Management Program at University of Nebraska-Lincoln

Student's Name:	Date:	
Name of Facility:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
Website:		
Intern supervisor:	email:	
This internship will begin on () and will end on () Month/Day/Year). <u>Month/Day/Year</u>
	Conditions of Employment	
Approximate hrs of work per	week	
Wage/salary :		
Food/lodging:		
Other important conditions:		

Brief description of student's responsibilities while on this internship:

Typing your name into the appropriate field below is the equivalent of signing this document. By signing this document, both the student and intern supervisor agree to work together throughout the Internship period to complete the work experience activities designated for level _____ (level student is working on) of the PGM Program. A summary of required work experience activities are attached.

Student

Intern Supervisor

PGM Coordinator

Date

Date

Date

PLEASE EMAIL FORM TO: sholly2@unl.edu University of Nebraska Lincoln NE 68583-0953 Phone: 402-472-7467

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