



Memorandum of Agreement

Animal and Veterinary Science Internship Program (ANSC 4550)
University of Wyoming



****IMPORTANT NOTE: *This completed form must be submitted before beginning the internship!!!* ****

Name _____ Email _____
 W# _____ GPA _____ Year in School _____
 Laramie Address _____ Phone _____
 Cooperator: _____ Direct Supervisor _____
 Cooperator Address _____
 Cooperator Phone _____ Fax: _____ Email _____
 Dates of Internship _____ Name of Advisor _____
 Internship Credit Hours _____ Semester(s) Enrolled in Internship _____

Provide a Brief Description of the Internship Program:

Provide a Description of Responsibilities of the Cooperator (Benefits, Salary, etc.):

Signatures:

Student _____ Date _____
 Cooperator _____ Date _____
 On-Campus Advisor _____ Date _____
 Program Coordinator _____ Date _____
 Department Head _____ Date _____

Internship Program Coordinator: _____



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