

## **STUDENT INTERNSHIP PROGRAM – ENT 398**

### Prior Approval

The internship program gives students an opportunity to obtain university credit while gaining valuable work experience. The student is responsible for finding an appropriate job. Students are required prior to registration and prior to beginning the job, to get approval from Dr. Sanford Eigenbrode ([sanforde@uidaho.edu](mailto:sanforde@uidaho.edu) , 208/885-2972).

### Credits

Students may register for 1 to 6 credits and must work at least 2 weeks full-time for each credit earned. Grading will be pass/fail (P/F).

Students must have completed at least 60 university credits to be eligible for the internship program.

### Visit During Internship

Midway through the work experience, the instructor will try to visit the student intern at the work site to be sure the program is progressing to the satisfaction of both the student and the employer.

### Final Reports

Following the internship, each student must complete a written report (4 to 6 pages) and must give an informal oral report (about 10 minutes) to Entomology undergraduates. The written report should include three elements: 1) Explain the employer's business and objectives; 2) Explain what you did and learned during your internship experience; and 3) Evaluate the experience. Did you learn the things you had hoped to learn? How could the experience be improved for the next student? Would you recommend this to others? Would additional course work have been valuable to you prior to starting the internship? Has this experience modified your career goals or changed your thoughts about what you wish to do professionally?

### Forms to Complete

Please see attached forms that need to be completed and returned at the appropriate times.

Return this complete form to Sanford Eigenbrode **prior to** beginning the Internship Program

Internship Program  
Department of Plant, Soil and Entomological Sciences  
College of Agricultural and Life Sciences  
University of Idaho

STATEMENT OF INTENT

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (First) (Middle)

Local Address \_\_\_\_\_

Local Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Summer Address (if different) \_\_\_\_\_

I have majored in \_\_\_\_\_ with a specialty in  
\_\_\_\_\_ at the U of I since \_\_\_\_\_  
(term) (year)

I have completed \_\_\_\_\_ credits.

Name of firm employing you \_\_\_\_\_

Complete mailing address of firm \_\_\_\_\_

Name of employer and/or evaluator \_\_\_\_\_

Phone number of employer \_\_\_\_\_

Description of work experience expected \_\_\_\_\_

Relationship of work experience to future employment \_\_\_\_\_

I wish to register in Ent 398 (Internship for \_\_\_\_\_ credits in \_\_\_\_\_  
(term) (year)

Signature of Student \_\_\_\_\_

Internship Committee Chairman (if approved) \_\_\_\_\_

Internship Program  
College of Agricultural and Life Sciences  
University of Idaho

UNIVERSITY LIABILITY STATEMENT

The College of Agricultural and Life Sciences has worked with the cooperator to develop an internship which meets the college's criteria. Therefore, if the student intern successfully completes the intern program, appropriate credit will be granted by the university. However, the daily managerial control and working conditions of the intern program are handled and are under the sole direction of the cooperator. Consequently, the university does not have nor can it assume any liability relative to the protection of the individual intern.

In light of the above, the intern is urged to review with the cooperator what employee benefits are made available to the intern, i.e. health and accident insurance, workmen's compensation, and liability insurance. If adequate benefits are not available, the intern may wish to make his/her own arrangements.

I hereby understand that the University of Idaho does not have nor can it assume any liability relative to my protection during the internship program period.

\_\_\_\_\_  
Student Intern Signature

\_\_\_\_\_  
Date

Return to Sanford Eigenbrode after first month of work.

Internship Program  
College of Agricultural and Life Sciences  
University of Idaho

PERIODIC REPORT

Student's Name

Mailing Address

Cooperator's Name

Cooperator's Address

Time Period \_\_\_\_\_ 20\_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_

Brief Outline of activities:

Summarize briefly what new knowledge and experiences have been gained:

Problems, concerns, or suggestions:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Please return to:  
Sanford Eigenbrode  
Dept. Plant, Soil & Ent. Sciences  
University of Idaho  
Moscow, ID 83844-2339

