

Individual Internship Agreement – Facilities Management

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,
dated _____ for the completion of an internship as required by Course Number: **COSC 450**.

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:

<input type="checkbox"/> Operations and Maintenance	<input type="checkbox"/> Finances and Business
<input type="checkbox"/> Communications	<input type="checkbox"/> Emergency Preparedness and Business Continuity
<input type="checkbox"/> Project Management	<input type="checkbox"/> Quality
<input type="checkbox"/> Leadership and Strategy	<input type="checkbox"/> Real Estate and Property Management
<input type="checkbox"/> Human Factors	<input type="checkbox"/> Technology
<input type="checkbox"/> 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. At the satisfactory completion of the internship and upon receipt of an invoice, the COMPANY agrees to pay an Internship Management Fee in accordance with the Master Internship Agreement.

ACCEPTED AND AGREED:

STUDENT

Name (Printed)

Signature

Date

COMPANY

Internship Sponsor Name (Printed)

Signature

Email Address

Date

**** A completed and signed form must be submitted to the Industry Relations Office before student can be registered for the class**

*****Any holds on student account will delay registration. Student must verify on HOWDY prior to submitting this form.**

ACCOUNTS PAYABLE Information:

AP Contact Name:				
Address:				
Phone:		Fax:		Email: