

**Agribusiness Internship
File Checklist Sheet**
(To be completed and signed by student's Major Professor)

Student Name: _____ Major Professor: _____

Internship Firm of Agency Name: _____

Check List	Date Received or Completed
Internship Application	_____
Monthly Reports:	
Month 1	_____
Special Project Proposal	_____
Month 2	_____
Month 3	_____
Month 4	_____
Cooperator's Final Evaluation	_____
Oral Presentation	_____
Completed Internship Report	_____

(Student's name), has successfully completed all elements of the Internship Program to receive 3 hours of credit in AgEc 595 during the _____ term of year _____.

Major Professor's Signature: _____ Date: _____