

Form D-4: 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: _____