

**SCHOOL OF PLANT, ENVIRONMENTAL & SOIL SCIENCES  
LSU, BATON ROUGE, LA 70803**

Student's Name: \_\_\_\_\_

**HORTICULTURAL INTERNSHIP PROGRAM AGREEMENT**

In cooperation with the School of Plant, Environmental & Soil Sciences, LSU, Baton Rouge, LA 70803.

**Fax 225-578-1068 or dlabonte@agctr.lsu.edu**

Name of Business: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agrees to employ (Name of Student) \_\_\_\_\_

According to the terms of the Horticultural Internship Program of Louisiana State University. The student shall be employed for at least ten weeks at the rate of \$\_\_\_\_\_ per (hour/week/month). Anticipated dates of employment are \_\_\_\_\_ to \_\_\_\_\_. Credit hours \_\_\_\_\_. Job description and Comments: (emphasizing rotation of duties and a well-rounded learning experience for the student):

I have read the Responsibilities Form and agree to the terms outlined therein.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head, Department of Horticulture

\_\_\_\_\_  
Date