

Internship Memorandum of Understanding (MOU)

Student Name: _____ NUID: _____

Major(s): _____ Class Standing: _____

Employing Organization: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____

Supervisor Email: _____

Internship Title: _____

Start Date: _____ End Date: _____ Pay Rate/Hr. _____

Academic Credit: Yes No Department: _____ Credit Hours _____

Student's Learning Objectives:

Student's Major Responsibilities:

Orientation/Training Details:

Student Agrees To:

- Comply with the organization's policies and procedures.
- Maintain student status at UNL for the duration of the internship.
- Update and resubmit this form if significant changes in responsibilities or learning objectives are made.

Employer Agrees To:

- Provide the student training and resources needed to carry out responsibilities successfully.
- Provide feedback and discuss performance evaluation with the student.

UNL Career Services is available to provide support to both the student and employer.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



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