Mississippi State University
Anthropology Program
Applied Anthropology Internship Agreement
(not a binding contract but a statement of understanding)

Student's Name _____
Last First Middle

_____
Street or P.O. Box

_____
City State Zip Code Telephone

Company or Agency Name: _____

_____
Street or P.O. Box

_____
City State Zip Code Telephone

_____
Supervisor's Name Telephone Number

Dates of Employment: Beginning_____ Ending_____

Educational Objectives (activities in which the student will participate)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Approximate hours per week _____ Wage _____

Employer's Representative:

_____
Printed Name Signature Date