

Appendix B
Cooperating Agency or Firm Approval Form
Agricultural Economics Industry Internship Program

Department of Agricultural Economics
College of Agriculture and Life Sciences
Texas A&M University
214 AGLS Building, Mailstop 2124
College Station, TX 77843-2124

Intern's Name _____ Semester FALL SPG SUM Year _____
(circle one)
Intern's Position/Title _____ Company Name _____

The cooperating agency or firm agrees to provide the student an opportunity to obtain actual experience in the areas outlined in the Plan for Internship Program. The student's immediate supervisor will be:

Name of Supervisor (Please print) Title

who agrees to evaluate the efforts of the student and forward an evaluation to the academic advisor on termination of employment.

Representative of Date
Cooperating Agency or Firm

Street Address

City State Zip Code

() _____
Business Phone Number

When completed, return this form to:

Texas A&M University
Department of Agricultural Economics
Mailstop 2124 TAMU
College Station, TX 77843-2124
or FAX to: 979-458-1755

Questions?
e-mail agecoug@tamu.edu
or call (979) 845-4911