



The University of Nebraska-Lincoln
College of Agricultural Sciences and Natural Resources
Forensic Science

Internship Contract Form

Name _____ Student ID _____

Address _____ City _____ State _____ Zipcode _____

Email _____ Phone _____ Degree Program _____

Department _____ Course Number _____ Credit Hours _____ Semester Code _____

Goals of Project:

Methods of Evaluation:

Adviser's Signature _____ Date _____

Instructor's Signature _____ Date _____

Internship Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

Student and Adviser should keep copies