

APPLICATION FOR INTERNSHIPS IN HORTICULTURE

Internship Provider Information

Department of Horticulture
Room 316 Plant Science Building
University of Arkansas

Name of Company Providing Internship: _____

Address: _____

Phone: _____ **FAX:** _____

Contact Person: _____

Supervisor for Internship: _____

Where did you learn of this internship?

Period of Internship: Start date _____ **End Date** _____

No. of Weeks _____ **Hours work/week expected:** _____

Hours per week anticipated during the internship experience: _____

Describe (list) activities in which you plan to be involved in the internship:
(attach additional pages if necessary)