

**THE UNIVERSITY OF TENNESSEE AT MARTIN**  
**Department of Agriculture, Geosciences, and Natural Resources**  
Practicum in Agribusiness Initial Field Experience Report

Instructions: This form must be (1) completed by the student, (2) signed by the student, (3) signed by the company/agency Supervisor, and (4) returned to the University Supervisor (the course Instructor) as soon as possible upon reporting for duty.

Student Name:

Semester of Internship:

Company or Agency:

Local Address:

City, State ZIP:

Local Phone:

Company or Agency Director:

Company or Agency F/E Supervisor:

Initial Company or Agency Orientation (brief description):

Immediate Work Schedule (including specific duties assigned):

Comments, Problems, Requests, Questions, etc.:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_