

**EXHIBIT A
MEMORANDUM OF UNDERSTANDING**

**A MASTER INTERNSHIP AFFILIATION AGREEMENT MUST BE SIGNED PRIOR TO
NEGOTIATING THIS MEMORANDUM OF UNDERSTANDING**

This Memorandum of Understanding ("MOU") is by and between The University of Memphis, (hereinafter, "University"), and _____ (hereinafter, "Company") for an Internship to be administered expressly in accordance with the terms of the Master Internship Affiliation Agreement in existence between the parties (hereinafter, "Agreement"). The terms and conditions of this MOU shall supplement the terms and conditions of the Agreement. In the event of any conflict between the terms and conditions of this MOU and the terms and conditions of the Agreement, the terms and conditions of the Agreement shall control. *If for any reason, this internship agreement terminates, please immediately contact Angela W. Fair, Sponsored Internship Coordinator, Office of Research Support Services, 308 Administration Bldg., The University of Memphis, Memphis, Tennessee 38152, at (901)678-0880. Please return MOU to the preceding address.*

<u>Intern Information</u>	Name: _____
E-mail: _____	Telephone: _____
Address: _____	

<u>Internship Coordinator Information</u>	Name: _____
College and Department: _____	
E-Mail: _____	Telephone/Facsimile: _____
Address: _____	

<u>Company Information</u>	Authorized Representative: _____
E-Mail: _____	Telephone/Facsimile: _____
Address: _____	

<u>Internship Information:</u>	Internship Period: From _____ To _____
Internship Fee: _____	
Maximum Work Hours Per Week: _____	
Billing Frequency: _____	
Description of Academic Credit: _____	
Description of Internship Duties: _____	
Indicate the category in which the Intern will be appointed on the University's payroll system:	
<input type="checkbox"/> Graduate Assistant (monthly) – Job Code S	
<input type="checkbox"/> Student Assistant (hourly) – Job Code T	
<input type="checkbox"/> Student Assistant (monthly) – Job Code U	

THE UNIVERSITY OF MEMPHIS

By: _____
Signature

Name: DR. ANDREW MEYERS

Title: Vice Provost for Research

Date: _____

COMPANY

By: _____
Signature

Name: _____

Title: _____

Date: _____