

**AGCM 4300 – Internship in Agricultural Communications  
Supervisor Information**

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Secondary E-mail Address: \_\_\_\_\_

Best time to call: \_\_\_\_\_