

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 Board of Trustees of the University of Arkansas acting for and on behalf of the University of Arkansas at Little Rock, (hereinafter, "UALR"), and _____ (hereinafter, "Organization") 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.

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

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

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

<u>Internship Information:</u>	Internship Period: From _____ To _____
Internship Fee: \$ _____	Fixed Fee _____
Billing Frequency: __ ½ at beginning of term and remaining ½ at end of term, __ beginning of term, __ other frequency _____.	
Maximum Work Hours Per Week: _____ (Not to exceed forty (40) hours per week).	
Description of Academic Credit (Course #): _____	
Description of Internship Duties: _____	

**BOARD OF TRUSTEES OF THE UNIVERSITY
OF ARKANSAS ACTING FOR AND ON BEHALF
OF THE UNIVERSITY OF ARKANSAS AT
LITTLE ROCK**

ORGANIZATION

By: _____
Signature
Name: Lucian Shockey

By: _____
Signature
Name: _____

Title: _____

Title: _____

Date: _____

Date: _____