

Training Agreement Internship / Co-op / REU

(PLEASE PRINT)

STUDENT INFORMATION

Name: _____ Banner ID: _____
(First) (M.I.) (Last)

Address: _____ City: _____ State: _____ Zip _____

Major: _____ Minor: _____

YSU Email: _____ Phone Number: _____

Hours Completed (including current semester): _____ Class Rank: _____ Overall GPA: _____

Expected Graduation Date: _____ Are you a part of the Choose Ohio First Scholars Program? Yes No

Have you registered an internship/co-op/REU before? Yes No If yes, what semester & year? _____

EMPLOYER INFORMATION

Company Name: _____ Company Phone Number: _____

Contact Person: _____ Contact Phone Number: _____
(First) (Last)

Contact Email: _____ Contact Title: _____

Work Address: _____
(Street) (City) (State) (Zip)

STUDENT POSITION INFORMATION

Position Title: _____ Supervisor: _____

Supervisor Email: _____ Supervisor Phone: _____

Semester & Year: Fall _____ Spring _____ Summer _____ Begin Date: ____/____/____ End Date: ____/____/____ Hours/Week: _____

Compensation: \$_____.____ Hourly _____ Stipend _____ Other _____ Modality: Remote Face-to-Face Hybrid

*** Please attach your detailed internship/co-op/REU job description and offer letter for faculty approval ***

SIGNATURES

The **student** agrees to: satisfactorily meet all requirements of both the employer and Youngstown State University, including duties as assigned by the employer, course assignments as outlined by the course syllabus, course registration and payment of all associated fees for all semesters of participation. Students also agree that they have read and agree to the Code of Professional and Ethical Conduct on the reverse side of this form or following this page.

Student Signature: _____ Date: _____

The **Faculty Advisor** agrees to: approve the above internship/co-op/REU details and description, oversee the student's activities based on the syllabus, meet with the student and employer as needed and grant academic credit to the student with a letter grade upon completion of the assignment.

Faculty Advisor Signature: _____ Date: _____

Credit hour: _____ Course Number: _____ CRN: _____ Deferred: _____

OFFICE USE ONLY:

Received Date: _____ Initials: _____ Coordinator Review Date: _____ Initials: _____ NAICS Code: _____