

Internship/Co-op/REU Information Sheet

Moser Hall, Room 2095 | 330.941.2151 | stem.yzu.edu | STEM.Jobs@ysu.edu

PLEASE PRINT LEGIBLY IN INK

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

YSU Banner ID #: Y00 _____ Cell Phone: (____) _____ Local Phone: (____) _____

MyYSU Email: _____@student.yzu.edu Personal Email: _____

MAJOR(S):			MINOR(S):		
OVERALL GPA:	TOTAL ACADEMIC HOURS TO DATE :		GRAD DATE:		
CLASS RANK:	<input type="checkbox"/> Freshman (0-29) <input type="checkbox"/> Sophomore (30-59) <input type="checkbox"/> Junior (60-89) <input type="checkbox"/> Senior (90+) <input type="checkbox"/> Graduate <input type="checkbox"/> Doctoral <input type="checkbox"/> Alumni				
CITIZENSHIP STATUS:	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International F1 Type Visa <input type="checkbox"/> International J1 Type Visa				
# OF PAST CO OP/ REU/INTERNSHIP EXPERIENCES:	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Company(ies) and Semester(s): _____				
TYPE OF EXPERIENCE SEEKING:	<input type="checkbox"/> Research Experiences for Undergrads (REUs) <input type="checkbox"/> Internship: (100-400 hours for 1-4 credit hours) See specific requirements for STEM 3790 and 4890. <input type="checkbox"/> Co-op: (400-600* onsite hours for 0 credit hour: Continuous development program for one or more semesters. See specific requirements for STEM 3791 and 4891. *300-600 hours for summer semester) <input type="checkbox"/> Job Searching (Full-time assistance with employment before and after graduation) <input type="checkbox"/> Other _____				
SEMESTER SEEKING:	_____ Summer 20____		_____ Fall 20____		_____ Spring 20____
COMPLETED RESUME?	<input type="checkbox"/> YES, it's uploaded on Handshake <input type="checkbox"/> YES, but it's NOT uploaded		<input type="checkbox"/> NO: Schedule an appointment with your STEM Professional Services to work on a resume draft and to review samples.		
HOW DID YOU HEAR ABOUT OUR OFFICE?	<input type="checkbox"/> STEM Expo/Workshop <input type="checkbox"/> Faculty or Staff <input type="checkbox"/> STEM Website <input type="checkbox"/> Handshake Database		<input type="checkbox"/> Class <input type="checkbox"/> Email <input type="checkbox"/> Employer Contact <input type="checkbox"/> Networking, Friend/Family Referral		<input type="checkbox"/> Flyer or Poster <input type="checkbox"/> Electronic/Media (PLASMA screen) <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____
CAREER GOAL:					

AUTHORIZATION STATEMENT

I authorize the STEM Professional Services office and my Faculty Advisor at Youngstown State University (YSU) to provide information, along with any additional materials, to all organizations which have indicated an interest in employing me as a prospective intern, co-op, REU positions or other employment experience through **STEM Professional Services office career related programs such as HANDSHAKE et al.** I understand that I will not be notified on each occasion that this release occurs. I will not hold YSU or the STEM Professional Services office responsible for actions or consequences that result from this release of information.

I understand that in order to fulfill the academic requirements of the professional practice experience, I MUST: (1) obtain approvals and complete my online registration **PRIOR** to starting my internship/co-op/REU; (2) ensure that both my Faculty Advisor and the STEM Professional Services office are aware and have approved my internship/co-op/REU; (3) perform all assigned duties to the best of my ability; (4) satisfactorily meet all requirements of the employer, the academic department, and STEM Professional Services; (5) abide by the rules, regulations and policies of the employer and the University (**i.e. registering for internship/REU or co-op course credit**); and (6) pay all applicable fees while on assignment. **Failure to meet the above requirements will result in my withdrawal from the assignment and the forfeiture of any benefits of the STEM Professional Services experience.**

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Received Date

Initials