

# TRAINING AGREEMENT

## Internship / Co-op / Professional Practice

**(PLEASE PRINT)**

## STUDENT INFORMATION

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

(First) (M.I.) (Last)

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**MyYSU Email:** \_\_\_\_\_ **Class Rank:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Hours Completed (including current semester):** \_\_\_\_\_

## 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:** \_\_\_\_\_

**Semester & Year:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ **Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Hours Per Week:** \_\_\_\_\_ **Compensation:** \$ \_\_\_\_\_ : \_\_\_\_\_ Hourly \_\_\_\_\_ Stipend \_\_\_\_\_ Other \_\_\_\_\_

**\*\*\* Please attach your detailed internship/co-op job description 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 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:** \_\_\_\_\_

Received Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Coordinator Review Date: \_\_\_\_\_ Initials: \_\_\_\_\_