

## 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 Grad. Date: \_\_\_\_\_ Are you in Choose Ohio First?  Yes  No Did you receive this position via the Expo?  Yes  No

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

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: \_\_\_\_\_ Grant: \_\_\_\_\_

### OFFICE USE ONLY:

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