

# MRCH Internship Agreement

Submit by Email

Print Form

Faculty Supervisor	
Date	
Signature	

CRN:

Department of Criminal  
Justice and Consumer  
Sciences  
Cushwa Hall - Rm 2161  
Youngstown State University  
Youngstown, OH 44555  
Phone: 330-941-3279  
Fax: 330-941-7206

## Student:

Last Name:	
First Name:	
Banner ID:	
Major:	
Phone:	
Email:	
Signature/Date	

## Semester Enrolled:

Term:                      Year:

Semester hours: **(please circle)**

1 2 3 4 5 6 7 8 9

## Internship Site:

Company:	
Address:	
State/Zip Code:	
Phone:	
Fax:	
Contact Name:	
Signature/Date	

## Position Information:

Position Title :	
Hours per week:	
Total Hours:	
Start Date:	
End Date:	
Hourly Wage	
Total Wages	

## Agreement:

1. The student agrees to perform all assigned duties to the best of his/her abilities, satisfactorily meet all requirements of the employer/preceptor, the Department of Criminal Justice and Consumer Sciences and the College of Health & Human Services, and abide by the rules, regulations and the policies of the Internship site and the University (register for required credits) and pay all applicable fees while on assignment. Failure to meet the above requirements will result in the student's withdrawal from the assignment and forfeiture of any benefits of the experience.
2. The employer/preceptor agrees to coordinate the student's assigned duties in ways that will closely relate to the student's individual academic degree program, and /or career objectives; provide supervision of the student; evaluate the student's performance on forms provided by the University, and provide the same consideration of health, safety and working conditions accorded to other employees.
3. The Department of Criminal Justice and Consumer Sciences and the College of Health and Human Services agree to: maintain communication with both the employer/preceptor and the student in an effort to answer questions, resolve potential problems, and otherwise endeavor to make the experience as productive and rewarding as possible for both the employer/preceptor and the student.

Authorized By:

John Hazy,  
Dept. Chair

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**Distribution:** Academic Department, Student, Employer/Preceptor, Faculty Supervisor