

[IA]

INTERNSHIP AGREEMENT

Last Name:	STUDENT INFORMATION [PLEASE	PRESS FIRMLY AND USE BALLPOINT	INK.]	
Social Security Number: Telephone [] YSU E-mail	Last Name:	First Name:		Banner ID #
Street Address: City: State: Zip: Academic Advisor: Faculty Internship Supervisor: Phone: Faculty Internship Supervisor: Relation: Phone: Faculty Internship Supervisor: Relation: Phone: Faculty Internship Supervisor: Faculty Internship Souls, Requirements & Time Schedule.] Position Title: Academic Term: FA SP SU 20 Hours Per Week: Begin Date: / Fad Date: / Hourly Wage \$ Monthly or Semester Stipend \$ (Department Chair approval required for students working more than 9 hours a week for a three credit internship.) Department Chair Approval: Date: / Johnson Site Supervisor: Title: Fad Address: Telephone Number: Johnson Site Supervisor: Title: Fad Address: Telephone Number: Johnson State: Zip: Street Address: State: Zip: State: Zip: The student agrees to: perform all assigned duties to the best of his/her ability; satisfactorily meet all requirements of the employer, the academic department, and the College of Creative Arts and Communication; abide by the rules, regulations and the policies of the penployer and the University (L. registering for course credit); and pay all applicable fews while on assignment. Failure to meet the above requirements will result in the student's withdrawal from the assignment and the forfeiture of any benefits of the Intern experience. Student Signature: Date: / / Faculty Internship Supervisor's Signature: Date: / / Faculty Internship Supervisor Signature: Date: / / Faculty Internship Supervisor Signature: Faculty Inte	Anticipated Graduation: FA SP SU_	20 Major:		Minor:
City: State: Zip: Academic Advisor: Faculty Internship Supervisor: Emergency Contact Name: Relation: Phone: Emergency Contact Name: Relation: Phone: Phone: Emergency Contact Name: Relation: Phone: Phone: STUDENT POSITION INFORMATION [PLEASE ATTACH THE IGRTS FORM: INTERNSHIP GOALS, REQUIREMENTS & TIME SCHEDULE.] Position Title: Academic Term: FA_SP_SU_2O_ Hours Per Week: Regin Date: Monthly or Semester Stipend \$	Social Security Number:	Telephone []	YSU E-mail _	
Academic Advisor:	Street Address:			
Emergency Contact Name: Relation: Phone: Emergency Contact Name: Relation: Phone: STUDENT POSITION INFORMATION [PLEASE ATTACH THE IGRTS FORM: INTERNSHIP GOALS, REQUIREMENTS & TIME SCHEDULE.] Position Title: Academic Term: FA_SP_SU_20_ Hours Per Week: Begin Date: /_ End Date:/ Hourly Wage \$ Monthly or Semester Stipend \$	City:	State:	Zip:	
Emergency Contact Name:	Academic Advisor:	Faculty Interns	hip Supervisor:	
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INTERNSHIP HOST SITE INFORMATION Company Name:	(Department Chair approval required for	r students working more than 9 hours a	เ week for a three crea	dit internship.)
Company Name:	Department Chair Approval:			/ Date://
Host Site Supervisor:	INTERNSHIP HOST SITE INFORM	IATION		
Email Address:	Company Name:		Web Address:	
Street Address: City: State: Zip: The student agrees to: perform all assigned duties to the best of his/her ability; satisfactorily meet all requirements of the employer, the academic department, and the College of Creative Arts and Communication; abide by the rules, regulations and the policies of the employer and the University (i.e., registering for course credit); 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 the forfeiture of any benefits of the Intern experience. Student Signature: Date:	Host Site Supervisor:		Title:	
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Department Chair Signature: Date:/	Faculty Internship Supervisor Signature	:		//
	Department Chair Signature:			/ Date://