

INTERNSHIP AGREEMENT

STUDENT INFORMATION [PLEASE PRESS FIRMLY AND USE BALLPOINT INK.]

Last Name: _____ First Name: _____ Banner ID # _____

Anticipated Graduation: FA__ SP__ SU__ 20__ Major: _____ Minor: _____

Social Security Number: ____ - ____ - ____ Telephone [____] ____ - ____ YSU E-mail _____

Street Address: _____

City: _____ State: _____ Zip: _____

Academic Advisor: _____ Faculty Internship Supervisor: _____

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 \$ _____

(Department Chair approval required for students working more than 9 hours a week for a three credit internship.)

Department Chair Approval: _____ Date: ____/____/____

INTERNSHIP HOST SITE INFORMATION

Company Name: _____ Web Address: _____

Host Site Supervisor: _____ Title: _____

Email Address: _____ Telephone Number: [____] _____

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: ____/____/____

The employer agrees to: coordinate the student's assigned duties in ways that will closely relate to the 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.

Host Site Supervisor's Signature: _____ Date: ____/____/____

The Department of Art agrees to: maintain communication with both the employer and student in an effort to answer questions, resolve potential problems and otherwise endeavor to make the intern experience as productive and rewarding as possible for both the employer and the student.

Faculty Internship Supervisor Signature: _____ Date: ____/____/____

Department Chair Signature: _____ Date: ____/____/____