

YOUNGSTOWN STATE UNIVERSITY
Dr. Dominic A. and Helen B. Bitonte
College of Health and Human Services
Department of Human Ecology
Internship Agreement

For Office Use Only:

Term _____

Date Started _____

Date Completed _____

This Document MUST be on file BEFORE student begins field work hours

Student Last Name _____ First Name _____ Middle Initial _____

PID _____ Major _____ Minor (f any) _____

Telephone Number _____ Mail Address _____

City _____ State _____ Zip Code _____

Employer/Preceptor Information

Company/Organization Name _____

Contact Person _____ Title _____

Telephone Number _____ Fax Number _____

Mail Address _____

City _____ State _____ Zip Code _____

Student Position Information

Position Title _____ Academic Term _____

Hours per Week _____ Begin Date _____ End Date _____

Hourly Wage or Monthly Stipend _____

The student agrees to: perform all assigned duties to the best of his/her ability, satisfactorily meet all requirements of the employer/preceptor, the Department of Human Ecology and the College of Health and Human Services, and abide by the rules, regulations and the policies of the employer/preceptor and the University (**i.e., registering for course credit**), and paying 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 experience.

Student's Signature

Date

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.

Employer's/preceptor's Signature

Date

The Department of Human Ecology 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.

Program Coordinator/ Faculty Supervisor's Signature

Date

Chairperson's Signature

Date

Copy Distribution: Academic department, student, employer/preceptor, faculty supervisor