### Enrollment Request Form: ARTSSCI 3191.02 Spring Semester 2019

Students seeking to enroll in ARTSSCI 3191.02 must submit this form to Alyssa Szu-Tu (<a href="mailto:szu-tu.2@osu.edu">szu-tu.2@osu.edu</a>) no later than the Friday of the 4<sup>th</sup> week of the semester (before the 2<sup>nd</sup> Friday to avoid a late add fee). You are required to obtain input from your internship site for Section 3; therefore, you should allot a minimum of three business days to complete this form. PLEASE PRINT CLEARLY!

## **Section 1 - STUDENT INFORMATION** Last Name: \_\_\_\_\_\_ First Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ OSU E-mail Address: \_\_\_\_\_\_ Cell Phone: (\_\_\_\_) (\_\_\_ - \_\_\_\_) \_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Major(s): \_\_\_\_\_ Expected Graduation (Semester/Year): If you are an international student, do you have an F-1/J-1 visa? Yes No Section 2 - INTERNSHIP SITE INFORMATION Name of Company/Organization: \_\_\_\_\_\_ Location of Internship (city/state/zip code): Company's/Organization's Website: \_\_\_\_\_ Hours per week you will be at the internship site (estimate): \_\_\_\_\_ requesting 1 semester credit hour (can request if you will be working a minimum of 25 hours at the site) \_\_requesting 2 semester credit hours (can request if you will be working a minimum of 62 hours at the site) Previously interned at the same site for course credit? Yes If yes, specify when (Semester/Year): \_\_\_\_\_ and name of internship course: \_\_\_\_\_ When searching for the internship, how did you first find out about it? FutureLink or Referral from Staff Member in Arts and Ohio State Faculty/Instructor **Sciences Career Services** Internet (not FutureLink) Ohio State Staff Member (not affiliated with Arts and Sciences Career Services) Career/Job Fair Student Organization Networking Event (not a career/job fair) Current employer Guest Speaker in a Class Previous employer Office of Undergraduate Research Cold calling (contacted site directly) Family/relative Friend Other - please specify:

**Attention international students:** Have you been authorized by the Office of International Affairs to use Curricular Practical Training (CPT)/Academic Training during this particular internship? Yes No

# Section 3 – INTERNSHIP VERIFICATION (to be completed by the site supervisor)

Supervisor's Name	and e-mail
Supervisor's Phone # (include extension if applicable):	; Fax #:
Supervisor's Postal Address:	
Will the intern report to you at the above address? Yes No	If no, specify the address of the internship site:
Street Address:	
City/State/Zip Code:	
Title of Internship Program:	
Start Date:/ End Date:/ Hours	per week the student will work (estimate):
Please describe <u>each</u> of the following internship components (or,	attach related documents):
Typical intern duties:	
Supervision and training planned for this student:	
Supervision and training planned for this stadent.	
Career exploration support to be offered (e.g., opportunities to	o shadow staff, mentoring discussions, etc):
Compensation:UnpaidPaid If paid, please spe	ecify the wage:

## Section 3 – INTERNSHIP VERIFICATION (continued)

#### **Supervisor Agreement**

I understand that the student is enrolling in an internship course that stipulates he/she do the following by the end of the semester:

- 1. Work at my organization for a minimum of 25 hours (for 1 semester credit hour) or 62 hours (for 2 semester credit hours)
- 2. Obtain my feedback on a performance evaluation form provided by the course instructor

My signature is consent that I will serve as the supervisor for this student and seek to structure the internship experience in a way that supports the student's learning goals. (The course instructor assumes that you will work through a process at the start of the internship to set mutually agreed upon learning goals for the student. Please contact Randy Dineen at dineen.2@osu.edu if you need sample learning agreements to use during this process.) I also agree to arrange a site visit if one is requested by the course instructor.

Supervisor's Signature	Date
Please return this	form to the student upon completion. Thank you!
Section 4 – Office Use Only	
Course: ARTSSCI 3191.02	Enrollment Semester/Year: Spring 2019
Units:1 credit hour2 c	redit hours
Course Section: 16054 – internship	located in Columbus area
16055 – internship	ocated outside of Columbus
Instructor's Signature:	<del></del>
RECEPTION SERVICES: Please put the dupli	cate copy in the Intraviewer scanning bin after you enroll the student.