Enrollment Request Form: ARTSSCI 3191.02
Summer Semester 2021

Students seeking to enroll in ARTSSCI 3191.02 must submit this form to asccareer@osu.edu later than the Friday of the 4th week of the semester (before the 2nd 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: (_____) (_____ - ________)
Major(s): _______________________________________________________ Cumulative GPA: _______
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): ____________________________ Check here if internship is virtual:  ☐
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  ○ No
   If yes, specify when (Semester/Year): ________________ and name of internship course: __________________
When searching for the internship, how did you first find out about it?

<table>
<thead>
<tr>
<th>Method</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handshake</td>
<td>Ohio State Faculty/Instructor</td>
</tr>
<tr>
<td>Internet</td>
<td>Ohio State Staff Member (not affiliated with Arts and Sciences Career Services)</td>
</tr>
<tr>
<td>Career/Job Fair</td>
<td>Student Organization</td>
</tr>
<tr>
<td>Networking Event (not a career/job fair)</td>
<td>Current employer</td>
</tr>
<tr>
<td>Guest Speaker in a Class</td>
<td>Previous employer</td>
</tr>
<tr>
<td>Office of Undergraduate Research</td>
<td>Cold calling (contacted site directly)</td>
</tr>
<tr>
<td>Family/relative</td>
<td>Other - please specify:</td>
</tr>
</tbody>
</table>

**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 each of the following internship components (or, attach related documents):

  Typical intern duties:
Supervision and training planned for this student:

Career exploration support to be offered (e.g., opportunities to shadow staff, mentoring discussions, etc):

Compensation:  
 Unpaid  
 Paid  
 If paid, please specify 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 asccareer@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: Summer 2021

Units: 1 credit hour 2 credit hours

Course Section: ___ _____ – internship located in Columbus area

___ _____ – internship located outside of Columbus

Instructor’s Signature: ________________________________

RECEPTION SERVICES: Please put the duplicate copy in the Interviewer scanning bin after you enroll the student.