Enrollment Request Form:  ARTSSCI 1191
Summer 2021

Students seeking to enroll in ARTSSCI 1191 must submit this form to asccareer@osu.edu no 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): ________

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>Source</th>
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</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>
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<tr>
<td>Networking Event (not a career/job fair)</td>
<td>Current employer</td>
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<td>Guest Speaker in a Class</td>
<td>Previous employer</td>
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<td>Office of Undergraduate Research</td>
<td>Cold calling (contacted site directly)</td>
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<td>Family/relative</td>
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<tr>
<td>Friend</td>
<td>Other - please specify:</td>
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**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. 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 1191  Enrollment Semester/Year: Summer 2021

Course Section: ____ _____ – internship located in Columbus area

____ _____ – internship located outside of Columbus

Instructor's Signature: ________________________________________________

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