Enrollment Request Form: ARTSSCI 1191
Summer 2020

Students seeking to enroll in ARTSSCI 1191 must submit this form to Alyssa Szu-Tu (szu-tu.2@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): _______________________________________

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>Handshake</th>
<th>Ohio State Faculty/Instructor</th>
</tr>
</thead>
<tbody>
<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>
</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:

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# The Ohio State University

<table>
<thead>
<tr>
<th>Guest Speaker in a Class</th>
<th>Previous employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Undergraduate Research</td>
<td>Cold calling (contacted site directly)</td>
</tr>
<tr>
<td>Family/relative</td>
<td>Friend</td>
</tr>
<tr>
<td></td>
<td>Other - please specify:</td>
</tr>
</tbody>
</table>
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 Alyssa Szu-Tu (suzu-tu.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 1191    Enrollment Semester/Year: Summer 2020
Course Section: ___ 15383 – internship located in Columbus area
                  ___ 17660 – 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.