Enrollment Request Form: ARTSSCI 3191.02
Summer Semester 2020

Students seeking to enroll in ARTSSCI 3191.02 must submit this form to Alyssa Szu-Tu (suzu-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): _______

____ 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>Source</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>
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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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<tr>
<td>Office of Undergraduate Research</td>
<td>Cold calling (contacted site directly)</td>
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<tr>
<td>Family/relative</td>
<td>Other - please specify:</td>
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<tr>
<td>Friend</td>
<td></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. 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 Alyssa Szu-tu.2 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 2020

Units: ___1 credit hour  ___2 credit hours

Course Section: ___ 15387 – internship located in Columbus area

 ___ 17666 – 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.