THE OHIO STATE UNIVERSITY

COLLEGE OF ARTS AND SCIENCES

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CAREER SUCCESS

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Enrollment Request Form: ARTSSCI 3191.02
Autumn Semester 2020

Students seeking to enroll in ARTSSCI 3191.02 must submit this form to Mark Runco (runco.4@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.

<u>PLEASE PRINT CLEARLY</u>

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?

Handshake	Ohio State Faculty/Instructor
Internet	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 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 Mark Runco (runco.4@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: Autumn 2020

Units: ___1 credit hour   ___2 credit hours

Course Section: ___ 13050 – Internship located in Columbus area

                  ___ 13051 – 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.