

**Enrollment Request Form: ARTSSCI 1191  
Summer Semester 2019**

Students seeking to enroll in ARTSSCI 1191 must submit this form to Alyssa Szu-Tu ([szu-tu.2@osu.edu](mailto:szu-tu.2@osu.edu)) no later than the Friday of the 4<sup>th</sup> week of the semester (before the 2<sup>nd</sup> 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?

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. 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 (szu-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 2019

Course Section: \_\_\_ 12821 – internship located in Columbus area

\_\_\_ 12822 – 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.**