Enrollment Request Form: ARTSSCI 1191
Autumn Semester 2019

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>
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<tr>
<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></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 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!

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Section 4 – Office Use Only

Course: ARTSSCI 1191 Enrollment Semester/Year: Autumn 2019

Course Section: ___ 16482 – internship located in Columbus area
                  ___ 16483 – 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.