Students seeking to enroll in ARTSSCI 3191.02 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): ______

____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>Description</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>
</tr>
<tr>
<td>Networking Event (not a career/job fair)</td>
<td>Current employer</td>
</tr>
<tr>
<td>Guest Speaker in a Class</td>
<td>Previous employer</td>
</tr>
<tr>
<td>Office of Undergraduate Research</td>
<td>Cold calling (contacted site directly)</td>
</tr>
<tr>
<td>Family/relative</td>
<td>Other - please specify:</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:

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 Randy Dineen at dineen.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 3191.02                     Enrollment Semester/Year: Summer 2019
Units: ___1 credit hour ___2 credit hours
Course Section: ___ 12819 – internship located in Columbus area  
                ___ 12820 – 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.