Enrollment Request Form: ARTSSCI 1191
Spring 2020

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>
</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. 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: Spring 2020
Course Section:   ___ 16180 – internship located in Columbus area
                  ___ 16181 – 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.