Enrollment Request Form: ARTSSCI 1191
Spring Semester 2017

Students seeking to enroll in ARTSSCI 1191 must submit this form to Randy Dineen (dineen.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?

| FutureLink or Referral from Staff Member in Arts and Sciences Career Services | Ohio State Faculty/Instruction |
| Internet (not FutureLink) | 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 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!

Section 4 – Office Use Only

Course:  ARTSSCI 1191                          Enrollment Semester/Year:  Spring 2017
Course Section:   ___ 15747 – internship located in Columbus area
                      ___ 15748 – 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.