Enrollment Request Form: ARTSSCI 1191  
Summer Semester 2016

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/Instructor |
| 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 | 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!

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Section 4 – Office Use Only

Course: ARTSSCI 1191                Enrollment Semester/Year: Summer 2016
Course Section: ___ 12146 – internship located in Columbus area
          ___ 12147 – 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.