Enrollment Request Form: ARTSSCI 1191
Autumn 2021 – First Session

Students seeking to enroll in ARTSSCI 1191 must submit this form to Richard Fajardo (fajardo.18@osu.edu). 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 submit the completed form no later than a week prior to the start of the semester. Please note that this internship course is subject to the same late enrollment fees as “regular courses”. Enrollment in the ARTSSCI internship course is based on location of internship. If you will be working on-site for an employer located in another state, you will be charged out-of-state tuition and fees. If you are doing 100% virtual work for an employer located in another state, you will not be charged out-of-state tuition and fees.

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): ___________________

Previously enrolled in an ARTSSCI internship course during a prior semester/session? Yes No
If yes, specify when (Semester/Year): __________ and which course: 1191 3191.02 3191.01

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 working at the internship site (estimate): ________

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 address: __________________________________________

Supervisor’s Phone # (include extension if applicable): ______________________________;

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 if work to be done in-person:

Street Address: _______________________________________________________________________________________

City/State/Zip Code: ___________________________________________________________________________________

Does the internship include virtual work? Yes No If yes, what percentage is done virtually? _______

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 Richard Fajardo (fajardo.18@osu.edu) if you need a sample learning agreement 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: AU 2021, 1st Session
Course Section: 040 (38049) – internship located in Columbus area
                050 (38050) – internship located outside of Columbus
                060 (38051) – internship 100% online

Instructor’s Signature: ________________________________

RECEPTION SERVICES: Please put the duplicate copy in the Intraviewer scanning bin after you enroll the student.