



**Enrollment Request Form: ARTSSCI 1191
Autumn 2021 – Full Semester**

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 courses is subject to the same late enrollment fees as “regular courses”. Enrollment in the ARTSSCI internship courses 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: Autumn 2021

Course Section: 010 (11076) – internship located in Columbus area

020 (11077) – internship located outside of Columbus

030 (37674) – internship 100% online

Instructor's Signature: _____

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