



100 Denney Hall 164 Annie & John Glenn Ave. Columbus, OH 43210

(614) 292-6961 asc-careersuccess.osu.edu

### Enrollment Request Form: ARTSSCI 3191.02 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 3191.02 If yes, specify when (Semester/Year): \_\_\_\_\_ and which course: 1191 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): requesting 1 semester credit hour (can request if you will be working a minimum of 25 hours at the site)

requesting 2 semester credit hours (can request if you will be working a minimum of 62 hours at the site)



**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? You work to be done in-person:	es No If no, specify the address of the internship site if
Street Address:	
City/State/Zip Code:	
Does the internship include virtual work? Yes No Title of Internship Program:	, , , , , , , , , , , , , , , , , , ,
Start Date:/ End Date://	Hours per week the student will work (estimate):
Please describe <u>each</u> of the following internship componen	ts (or, attach related documents):
Typical intern duties:	
Supervision and training planned for this student:	
Career exploration support to be offered (e.g., expertupit	ice to chadou staff mentaring discussions, etc).
Career exploration support to be offered (e.g., opportuniti	ies to shadow stan, mentoning discussions, etc):
Compensation:UnpaidPaid If paid, please	e 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. Work at my organization for a minimum of 25 hours (for 1 semester credit hour) or 62 hours (for 2 semester credit hours)
- 2. 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 retu	rn this form to the student upon completion. Thank you!
Section 4 - Office Use Only	
Course: ARTSSCI 3191.02	Enrollment Semester/Year: AU 2021, Full Semester
Course Section: 010 (11074) - interns	hip located in Columbus area
020 (11075) – interns	hip located outside of Columbus
030 (37676) – interns	hip 100% online
Instructor's Signature:	

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