

Internship Request Form: ART 3191.XX

Students seeking to enroll in ART 3191.XX must complete this form with the course instructor/ supporting faculty member and the corresponding internship site supervisor by the Friday preceding the first week of the semester. 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: _____

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/ Faculty Member: _____

Location of Internship (city/state/zip code): _____

Company's/Organization's Website: _____

Hours per week you will be 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 50 hours at the site)
- ___ requesting 3 semester credit hours (can request if you will be working a minimum of 75 hours at the site)

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	
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/ LEARNING AGREEMENT (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, responsibilities or projects:

Supervision and training resources planned for this student:

(i.e. trade publications, manuals, organizational charts, professional meetings, workshops)

Career exploration support to be offered (i.e. opportunities to shadow staff, mentoring discussions, etc):
(short list of skills or information student could gain about the organization, industry or career field)

Compensation: ___Unpaid ___Paid If paid, please specify the wage: _____

Section 3 – INTERNSHIP VERIFICATION (continued) (to be completed by the site supervisor)

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. Student will work at my organization for a minimum of:
___ 25 hours for the semester = 1 semester credit hour
___ 50 hours for the semester = 2 semester credit hours
___ 75 hours for the semester = 3 semester credit hours

2. Obtain my feedback on a performance evaluation form provided by the course instructor/ supporting faculty

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.) 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!