**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?

<table>
<thead>
<tr>
<th>FutureLink or Referral from Staff Member in Arts and Sciences Career Services</th>
<th>Ohio State Faculty/Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet (not FutureLink)</td>
<td>Ohio State Staff Member (not affiliated with Arts and Sciences Career Services)</td>
</tr>
<tr>
<td>Career/Job Fair</td>
<td>Student Organization</td>
</tr>
<tr>
<td>Networking Event (not a career/job fair)</td>
<td>Current employer</td>
</tr>
<tr>
<td>Guest Speaker in a Class</td>
<td>Previous employer</td>
</tr>
<tr>
<td>Office of Undergraduate Research</td>
<td>Cold calling (contacted site directly)</td>
</tr>
<tr>
<td>Family/relative</td>
<td>Other - please specify:</td>
</tr>
</tbody>
</table>

**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!