



**Art Internship Enrollment Request Form: ART 3191**

Students seeking to enroll in ART 3191 must complete this form with the corresponding internship site supervisor and returned to the course instructor/supporting faculty member no later than the first Friday of the semester in which the internship is being completed. 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.

**Section 1 – STUDENT INFORMATION**

Last Name:

First Name:

Student ID Number:

OSU Email:

Cell Phone:

Major(s):

Cumulative GPA:

Expected Graduation (Semester/Year):

If you are an international student, do you have an F-1/J1 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)



Have you 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?

Handshake:	Ohio State Faculty/Instructor:
Internet (not Handshake):	Staff Member in Arts and Science Career Services:
Career/Job Fair:	OSU Staff Member:
Networking Event:	Current employer:
Student Organization:	Previous employer:
Family/Friend:	Other (please specify):

**Section 3 – INTERNSHIP VERIFICATION/LEARNING AGREEMENT (to be completed by the sit supervisor)**

Supervisor's Name:

Email:

Supervisor's Phone:

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 document):

1. Typical intern duties, responsibilities or projects:



2. Supervision and training resources planned for this student: (i.e. trade publications, manuals, organizational charts, professional meetings, workshops, etc.)

3. Career exploration support to be offered (i.e. opportunities to shadow staff, mentoring discussions, etc.):

Compensation:            Unpaid            Paid            If paid, please specify wage:

**Supervisor Agreement**

I understand that the student is enrolling in an internship course that stipulates they 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.)

Supervisor's Signature

Date

Please return this form to Jenifer Owens-Morrison (Owens-Morrison.1@osu.edu) upon completion. Thank you!