

Internship in Theatre, Film Studies, and Moving-Image Production: Application for Enrollment

INTRODUCTION

Internships provide opportunities to explore and directly participate in an area of academic and professional interest. While we encourage students to talk with university faculty, staff, and advisors regarding potential internship opportunities, the student is responsible for identifying and securing an internship prior to enrollment. Student must enroll in internship credit prior to beginning work in the internship.

Permission to enroll will be granted by departmental faculty after review of the nature of the internship and its relationship to the student's studies. A faculty member will serve as advisor to the student during the internship. Appropriate credit hours (1-12) will be assigned to the internship based upon its intensity, length, and the average number of hours a student will be engaged with the internship each week.

Questions about internships or internship course credit? Contact internship coordinator: Paige Piper at piper.92@osu.edu or visit theatreandfilm.osu.edu/internships

APPLICATION FOR COURSE CREDIT

Section 1 - STUDENT INFORMATION

First Name: _____ Last Name: _____

Student ID Number: _____ OSU Email Address: _____

Major(s): _____ Minor(s): _____

Cumulative GPA: _____ Expected Graduation: _____

Section 2 - INTERNSHIP SITE INFORMATION

Name of Company/Organization: _____

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

Supervisor Name: _____ Title: _____

Supervisor Email Address: _____ Phone Number: _____

Title of Internship Program / Intern Title: _____

Internship Start Date: _____ Internship End Date: _____
may not exceed last day of semester

Expected Working Hours per week: _____

Compensation: Paid Unpaid

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Internship Description (to be completed by Student or Supervisor)

Please describe the assigned duties and responsibilities of the internship, as well as any training and/or career exploration opportunities to be offered. (Student/Supervisor may also attach an internship description or letter in lieu of this section.)

Internship Contact/Supervisor Agreement (to be completed by hiring contact/manager at Internship)

I understand that the student is enrolling in an internship course that requires me, as supervisor, to complete a written performance evaluation, submitted to the course instructor by the end of the internship OR the end of the student's semester, whichever is earlier. I confirm the Internship Description above is accurate and agree to discuss any changes to the description, should they need to be made, with the students, and if necessary, the course instructor. I understand the student's course credit is based on the number of estimated working hours per week and will discuss any modifications to working hours with the students, and if necessary, course instructor.

Supervisor's Signature: _____ Date: _____

Section 3 – CREDIT HOURS REQUESTED

Number of credit hours requested: (Please calculate working hours and scheduled internship dates carefully)

- ____ 1 (minimum of 45 total hours of work over the semester)
- ____ 2 (minimum of 90 total hours of work over the semester)
- ____ 3 (minimum of 135 total hours of work over the semester)
- ____ More than 3 (justification required, below)

Justification / Additional Information (if needed):

Student Agreement

I agree to fulfill the duties and responsibilities of my internship, as described above. I have reviewed the requirements and expectations in the course syllabus, and agree to complete all requirements by the dates outlined in the course requirements.

Student Signature: _____ Date: _____

Department Signature _____ Date: _____

ENROLLMENT NOTES/COMMENTS ***DEPARTMENT USE ONLY:**