

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

## INTRODUCTION

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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 the faculty member and student discuss the nature of the internship and its relationship to the student's studies. The 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? Please contact the Academic Program Coordinator:

**Theatre:** Logan Kelly.472@osu.edu      **Film Studies and Moving-Image Production:** Paige Piper.92@osu.edu

## APPLICATION FOR COURSE CREDIT

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### 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: \_\_\_\_\_

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 a 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:**