

# Political Science 3191/4191

Political Science Internship - The Ohio State University

## ENROLLMENT CHECKLIST

ALL of the following items must be submitted together and at the same time. Please email them to [kloss.8@osu.edu](mailto:kloss.8@osu.edu) or drop them off in person at 2014D Derby Hall during business hours.

- Internship Information Form
- Terms of Agreement Form
- Internship Statement and/or Position Description
  - must describe your responsibilities at this internship and how this experience will enrich your knowledge and understanding of government, policy, public affairs and Political Science
- All academic assignments as described in course syllabus\_(on Carmen) must be submitted in order to receive credit.
- *International Internship Only*
  - Confirm that the country you are visiting is NOT a risk designated area as determined by the US Department of State. Current list can be found here:  
<http://travel.state.gov/content/passports/en/alertswarnings.html>
  - Enroll in OSU's supplemental insurance plan. Contact <https://oia.osu.edu/> for details.

The internship coordinator will review all of this information and, if approved, will enroll you in the internship course.

If you have questions, please contact Elizabeth Kloss at 614-292-6961 (option #3) or [kloss.8@osu.edu](mailto:kloss.8@osu.edu) or at 2140D Derby Hall.

# Political Science 3191/4191 INTERNSHIP INFORMATION FORM

4191 (3 credit hours, graded A-E)

3191 (1 credit hour, graded S/U)

Semester/Term/Year of Proposed Enrollment: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
OSU email address (name.#)

\_\_\_\_\_  
Local Street Address

\_\_\_\_\_  
Phone Number

Major/Minor(s): \_\_\_\_\_

Expected Semester/Year of Graduation: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_

Are you currently or have you received any academic credit for internships in the past? \_\_\_\_\_

If yes, please list course and term \_\_\_\_\_

Have you received internship credit for *this* workplace in the past? \_\_\_\_\_

Please note, you cannot earn Political Science credit more than once in each workplace

If yes, please list course and term \_\_\_\_\_

Are you interning for a political campaign? \_\_\_\_\_

If yes, please provide the month and year of the election \_\_\_\_\_

\_\_\_\_\_  
Organization/Company Name

\_\_\_\_\_  
Evaluating Supervisor's Name

\_\_\_\_\_  
Organization/Company Address

\_\_\_\_\_  
Evaluating Supervisor's e-mail

\_\_\_\_\_  
Title of Internship Position

\_\_\_\_\_  
Evaluating Supervisor's phone

**Please note: You may only earn Political Science credit(s) once per workplace and you cannot earn credit from different departments (like Communications or International Studies) or a different school (like Glenn) for the same workplace and term that you seek to enroll in 3191 or 4191. You will not be enrolled in 4191 or 3191 if the additional credit hours puts you over the 18 hour maximum permitted by OSU. Please contact Elizabeth Kloss at [kloss.8@osu.edu](mailto:kloss.8@osu.edu) if you have any questions.**

\_\_\_\_\_  
*Political Science Department Approval*

\_\_\_\_\_  
Internship Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Course #

# Political Science 3191/4191

Political Science Internship Credit  
The Ohio State University

## TERMS OF AGREEMENT FORM

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
OSU e-mail address

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### STUDENT SECTION

I understand and agree to the following:

1. I will work a minimum of 90 total hours during the semester at the internship doing meaningful and responsible work. I understand that academic credit will be awarded based on satisfactory fulfillment of conditions identified in the course description and syllabus and after all relevant forms and evaluations have been submitted with appropriate signatures.
2. The academic project(s) associated with the internship experience will be under the direction of the Political Science internship coordinator and will be structured to provide me with the opportunity to enhance my theoretical understanding of the internship work, to apply concepts and skills developed through classroom education, and to acquire new concepts and skills. I will submit all course work as well as my employer's evaluation my performance in the manner and by the dates outlined in the course syllabus.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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### INTERNSHIP SUPERVISOR SECTION

\_\_\_\_\_  
Evaluating Supervisor's Name

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
Supervisor's Phone No./Ext.

\_\_\_\_\_  
Supervisor's email address

**I understand that this student is required to work a minimum of 90 hours during the academic term doing meaningful and responsible work. I have also reviewed and approved the description of this internship that the student has attached to this form.**

**My signature indicates my consent to serve as the supervisor for this student and to evaluate the student at the end of the term. I understand that my evaluation will count as significant portion of the student's grade.**

**This internship experience complies with all federal, state and local laws and regulations.**

\_\_\_\_\_  
Evaluating Supervisor's Signature

\_\_\_\_\_  
Date