

Political Science 3191/4191

Political Science Internship - The Ohio State University

CHECKLIST

- Internship Information and Terms of Agreement Forms
 - Required ***in order*** to enroll.
 - Can be faxed or sent via email as pdf.

- Internship Statement
 - Required ***in order*** to enroll.
 - In two or three paragraphs, please describe your responsibilities at your internship and explain how this experience will enrich your knowledge and understanding of government, policy or public affairs.
 - Can be faxed or sent via email as pdf .

- 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. Details can be found here: <http://oia.osu.edu/preparing-to-depart/health-insurance.html#apply>

If you have questions, please contact Elizabeth Kloss at 614-688-3804
or kloss.8@osu.edu or at 2140D Derby Hall.
Fax number is 614-292-1146.

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 if you have any questions.

Political Science Department Approval

Internship Coordinator

Date

Course #

Political Science 3191/4191

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TERMS OF AGREEMENT FORM

Student's Name

OSU e-mail address

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.
2. 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.
3. The academic project(s) associated with the internship experience will be under the direction of the 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.
4. *International experiences only*
 - I have confirmed that the country I am visiting is NOT a risk designated area as determined by the US Department of State.
 - I have enrolled in OSU's supplemental insurance plan.

Student's Signature

Date

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. 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