The Ohio State University

Internship

History of Art

HA4191

Description
An internship considered appropriate for credit under HA 4191 (History of Art) is for experience working in a Museum, Art Gallery, Auction House, or for an Art Publisher, Arts Organization or Art Consultant. The Department of History of Art encourages students to seek such internships in order to become acquainted with various professional/practical applications of the study of art history—be it academic or commercial.

For internships during the academic year, students are urged to directly contact local venues such as the Columbus Museum of Art, The Wexner Center, The Ohio Arts Council, etc. The department posts all information it receives about internships on the bulletin boards in Pomerene Hall (2nd floor) and forwards e-mails that are sent out from venues.

Credit
One to three hours of General Credit will be awarded for a successfully completed internship of 60 hours or more. These credits are not applicable toward the 39 credit hours required for the major in History of Art. The grade offered is S/U.

Registration Procedure
1. Complete page 2
2. Have your employer/supervisor complete page 3
3. Bring the completed forms, pages 2, 3 to any History of Art Advisor for authorization of your internship. The Advisor will fill out an Add Slip. (For Advisor’s names, e-mail the Undergraduate Coordinator, Mollie Workman, workman.77@osu.edu)
4. Take the Add slip to USAS Academic Advising, 1st Floor Denny Hall, College of the Arts and Sciences Advising Office, where the course will be added for you.

Credit Procedure
To receive credit for HA4191, you must submit the following to the authorizing History of Art Advisor at the termination of your internship.
1. As specified in your agreement (pg2) you must submit a written account of the work you performed during the course of your internship. (It is recommended that you keep a daily log to facilitate writing this summary). Your account is to be countersigned by your supervisor.
2. As specified in your supervisor’s agreement (pg3) you must obtain a letter from your supervisor that evaluates your performance.
Student Information
(To be filled out by the student)

Semester: _______________ Year: _____________ Your Major: __________________________

Student’s Name ______________________________ Student ID: ________________________

Local Address_______________________________ City, State, Zip______________________

Local Phone________________________________  E-mail _____________________________

Permanent Address___________________________ City, State, Zip______________________

Permanent Phone____________________________

Will you be enrolled in other OSU courses during your internship? _________________

If “Yes” how many hours?

Student Agreement

As a student I understand and agree to the following:

1. I will work a minimum of 60 hours

2. I will submit a written account of the duties performed during my internship

3. I will have that account countersigned by my supervisor

_______________________________________________________              _______________________
Students Signature                                                                                    Date
Employer Section
(To be filled out by the employer/supervisor)

Organization Name ________________________________________________________

Organization Address ______________________________________________________

Website Address __________________________________________________________

Provide a brief description of your organization below, or attach a page on organization letterhead:

Supervisor of Internship
Supervisor’s Name __________________________________________________________

Supervisor’s Position/Title __________________________________________________

Supervisor’s Phone/ext. ______________________________________________________

Position Description
Please outline the student’s responsibilities for the period of the internship:

Position Start Date _____________________ Position End Date _________________________

Hours Per week ________________________ Compensation __________________________

Paid  Unpaid

Supervisor Agreement
1. I understand that the student will need to work a minimum of 60 hours
2. I understand that I need to evaluate the student’s performance at the end of the quarter.

Supervisor Signature __________________________ Date ___________________________