

# INTERNSHIP REGISTRATION FORM

**Please complete one form for each internship experience.**

**Contact the Career Center for more information.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Major: \_\_\_\_\_

Concentration: \_\_\_\_\_ E-mail address: \_\_\_\_\_@indianatech.net

## Current Internship or Previous Internship

Company Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

Internship was completed (circle all that apply)      Summer 2017      Fall 2017      Spring 2018

## Internship Satisfaction & Data

How satisfied are you with your internship? (Circle)      1      2      3      4      5  
Not Satisfied      Very Satisfied

How did you find out about your internship? (Circle all that apply)

Career Center      Warrior Jobs      Faculty      Company website      IndianaIntern.net

Friend      Family      Other: \_\_\_\_\_

**Please circle Yes or No for the following:**

**HAVE YOU TAKEN PREINTERNSHIP SEMINAR?**      YES      NO      WHEN \_\_\_\_\_

Was your internship paid?      Yes      No      how much: \$\_\_\_\_\_/hr.

Was your internship for academic credit?      Yes      No

Would you recommend this internship to other students?      Yes      No

Would you like to recommend your supervisor for Supervisor of the Year?      Yes      No

Should you be nominated for Intern of the Year?      Yes      No

(A nomination will be sent to your supervisor if yes)

## Career Center Use Only

Date Entered: \_\_\_\_\_ Entered by: \_\_\_\_\_