

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: _____