INTERNSHIP REGISTRATION FORM

Please complete one form for each internship experience. Contact the Career Center for more information.

ID #:	Last Name:		First Name:						
Major:	Phone:				Year in school: FR SO JR SR GRAD				
	Current I	Internship o	r Previou	s Inter	nship				
Company Name:			City &	_ City & State:					
Supervisor's Name:			Supervisor's Phone #:						
Supervisor's Email: _			Internsh	ip Title:	:				
Start Date (MM/YYYY):/			End Date (MM/YYYY):/						
Internship was completed (circle all that apply): Fall 2			2021	Spring 2022				Summer 2022	
	Inte	ernship Sati	sfaction &	& Data					
How satisfied are you with your internship? (Circle)			Not Sa	1 atisfied	2	3		5 ry Satisfied	
How did you find ou	t about your internship:	? (Circle all th	nat apply)						
Career Center Warrior Jobs Faculty			Comp	Company website IndianaIntern.net					
Friend Fami	ly Other:			-					
Please circle Yes or	No for the following:								
HAVE YOU TAKEN PREINTERNSHIP SEMINAR?			YES	NO	WHI	EN			
Was your internship paid?			Yes	No	how	much: \$	/h	r.	
Was your internship for academic credit?							Yes	No	
Would you recommend this internship to other students?							Yes	No	
Should you be nominated for Intern of the Year?							Yes	No	
(A nominatio	n will be sent to your sup	ervisor if yes)							
Are you on LinkedIn?							Yes	No	
Are you connected to Cindy Verduce (Director, Indiana Tech C			Career Ce	enter) or	Linke	dIn?	Yes	No	
		Career Cent	ter Use O	nly					
Date Entered:/ Entered by:			Sched	Schedule appointment □ Thank you					İ
				Comp	lete mi	ssing inf	ormation	email	