

ZERO-CREDIT INTERNSHIP SURVEY

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 Internship or Previous Internship

Company Name: _____ City & State: _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Supervisor's Email: _____ Internship Title: _____

Internship was completed (circle all that apply): Fall Spring Summer Other

Internship Satisfaction & Data

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

Handshake

Faculty

Organization's website

IndianaIntern.net

Friend

Family

Other: _____

Please circle Yes or No for the following:

HAVE YOU COMPLETED THE IIT 2000 COURSE?

YES

NO

WHICH SEMESTER

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

Career Center Use Only

Date Entered: ___/___/___ Entered by: _____

Schedule appointment