Internship Report Form

Hart Career Center – Internship Program

Experience the Possibilities

Congratulations on your Internship position! Thanks for sharing information with our office. This helps with future internship development and allows us to be of better service to IWU students.

Name_____ Address _____City_____Zip_____

Student Phone _____ Student e-mail _____

Class status (during Internship experience, F/So/Jr/Sr): _____ Graduation date_____

Term of Internship (x all that apply): ___Fall 200__, ___Spring 200__, ___May 200__, ___ Summer 200__,

The Internship is: ___Not for Credit, ___For Credit from _____ Department.

INTERNSHIP ASSIGNMENT

Name of Organization: _____

Mailing Address: _____

On-site Supervisor Name and Title: _____

Phone: _____ Email: _____

INTERNSHIP POSITION: _____

Date Internship Begins: _____ Date Internship Ends: _____ Number of on-site hours/week: _____

Will you receive any financial compensation? ___Yes ___No If yes, please specify wages _____

How did you find out about this internship? _____

THANKS for filling us in! Enjoy your Internship Experience.

The Hart Career Center

Return to: Laurie Diekhoff, Assistant Director/Internship Coordinator, diekhoff@iwu.edu
Hart Career Center, Illinois Wesleyan University, PO Box 2900, Bloomington, IL 61702-2900 (309) 556-3071

For Office Only:

❑ *Internship Report*_____ ❑ *eRecruit* _____
Date/Initials *Date/Initials*