INTERNSHIP REPORT FORM

IPFW Career Services
2101 E. Coliseum Blvd. – Kettler 109
Fort Wayne, IN 46805
Telephone: (260) 481-0689 – Web: www.ipfw.edu/career
FAX: (260) 481-5402
Internship Contact: Karen Obringer obringek@ipfw.edu

STUDENT INFORMATION- completed by student

Name: _____ Email: _____
Address: _____
Street City State Zip Code
Phone: _____ Major: _____
Internship Title:_____ Internship Organization: _____
Duration of Internship: _____ to _____ Completion for academic credit: _____ Yes _____No
month/year month/year

Note if you wish to receive academic credit for your internship, this process is coordinated through your academic department. Checking "yes" on this form is only for Career Services information collection.

Completion for Career Services zero academic credit: _____ Yes _____ No
Academic Standing: Freshman Sophomore Junior Senior *(circle one)*
How did you find out about this internship? _____
_____

_____Date:_____
Student Signature

INTERNSHIP SITE- completed by employer

Company/Organization Name: _____
Address: _____
Street City State Zip Code
Intern Supervisor: _____ Title: _____
Phone/Fax: _____ Email: _____
How often will the intern meet with the supervisor to discuss progress? _____
Hours per week: _____ Salary/Hourly Rate: _____ Duration of Internship _____ to _____
month/year month/year

This student: ____ is new to this job/company/organization
____ is currently employed at this job/company/organization. How long? _____
____ has been previously employed at this job/company/organization. How long? _____

How did you promote this internship? ___JobZone ___IndianaINTERN.net ___ Other: _____
Describe in detail all work tasks and responsibilities (you may attach job description): _____
_____
_____
_____
_____
_____
_____
_____Date:_____
Employer Signature

Student and Employer should complete this form and submit it to the address or fax listed above.