

T597 INTERNSHIP

Department of Telecommunications

PLEASE TYPE OR PRINT NEATLY. COMPLETE ALL SECTIONS. OBTAIN REQUIRED SIGNATURES PRIOR TO REGISTERING.

Name _____

Address _____

Phone (home) _____ (work) _____

Email _____

Semester (circle one) Fall Spring Summer Year _____ Class Number _____

Is the internship paid or unpaid? (circle one) Paid Unpaid

T597 Internship is offered for variable 0-3 credits. Normally, 3 credit hours would equal a total of 140 hours on-site. Please answer the following about your internship:

Total number of hours _____

Total number of weeks _____

Total number of credits for which you intend to enroll _____

Internship organization name _____

Briefly describe the organization _____

Describe why you are proposing to complete your internship in this organization. Be specific about what you expect to learn through this internship

Describe the types of skills and experience you expect to acquire at your internship

Internship Supervisor Information

Supervisor name _____
Position and Title _____
Organization _____
Street address _____
City, State, Zip _____
Web address _____
Phone number _____
Email _____

Describe your proposed supervisor. Why do you believe this supervisor can support the experience you desire?

List all coursework you have taken that is directly relevant to the content of the internship

Describe any job experiences, additional coursework, degrees, licenses, or certifications which you have that are relevant to this internship

I understand that I am responsible for maintaining a current internship diary which I will submit to my advisor when I finish the internship. I will also submit representative work samples of projects attempted/completed during the internship. Projects may or may not be complete due to the length of the internship and/or the complexity of the project. I am also responsible for submitting a personal evaluation which includes a description of what I had planned to accomplish, what I did accomplish and what I would have done differently given the opportunity.

Student signature

date

Internship Supervisor signature (on-site supervisor)

date

(A one-page written evaluation must be submitted at the end of the internship. The internship is not considered completed until the evaluation is submitted. Please use attached evaluation form.)

Faculty Evaluator signature

date

Advisor or Committee Chair signature

date

Director of Graduate Studies signature

date

T597 Internship Evaluation Form ~ Department of Telecommunications ~ Indiana University

Student's Name _____

Internship Supervisor's Name _____

Internship Supervisor's Signature _____ Date _____

Internship Supervisor: Please evaluate your intern's performance in the space below or on an additional sheet. Submit this form and the evaluation to the graduate secretary, Tamera Theodore, at ttheodor@indiana.edu.

For department use only

Grade assigned: _____

Signed: _____ Date: _____
(Department Internship Coordinator)