



243 South Wabash Ave
Phone: 312/362-8186
Fax: 312/362-5185

Internship Application form

Instructions: Fill out both pages of this form, obtain the supervisor and the instructor signature and then drop off at CDM 910.

Student Information

Name:

Student ID:

E-mail:

Major:

Course Information

Year Number of quarter hours

Quarter Summer I Instructor Name
Autumn Winter Spring Summer II

Course to apply
CSC298 DC298 Section Type
CSC299 DC298 Online
CSC697 DC499 On-campus

Internship Information

Hours per week

Internships begins
mm/dd/yyyy

Internship ends
mm/dd/yyyy

Paid
(Circle one) YES NO

Pay rate
(hourly rate) \$

Company Information

Company Name

Address

City

State

Zip

Supervisor Name

Supervisor Title

Supervisor Phone

Supervisor Email

Job Information

Please write a brief description of the responsibilities of the position and essential functions

--

Measureable goals: Describe the knowledge/skills/experience, relevant to your major that will be gained in the internship. Explain how they can be measured at the end of the quarter. (Fill out as many as apply)

Goal 1
Goal 1 Measured
Goal 2
Goal 2 Measured
Goal 3
Goal 3 Measured
Goal 4
Goal 4 Measured

Student signature

--

Date

/ / mm/dd/yyyy

Supervisor signature

--

Date

/ / mm/dd/yyyy

Instructor signature

--

Date

/ / mm/dd/yyyy
