

## INTERN QUESTIONNAIRE

### GENERAL INFORMATION:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

### SCHOOL INFORMATION:

Name of School: \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Career Plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INTERNSHIP:

What expectations do you have in terms of this internship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you accept an unpaid internship? \_\_\_ Yes \_\_\_ No

How many hours a week are you available to work? \_\_\_\_\_

Desired start and ending dates of internship: Start \_\_\_\_\_ End \_\_\_\_\_

September 30, 2004