Sample Internship Forms

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STUDENT INTERNSHIPS APPLICATION FORM

**Personal Data:**

Name:

Student Number:

Address:

Telephone Number:

E-mail Address:

Telephone Number of the person to be contacted in an emergency:

**Academic Data:**

Declared Major:

Declared Minor:

Number of Credit hours completed at the start of semester:

Grade Point Average at the start of semester:

Name of the Faculty Advisor:

Signature of the applicant:

Date:

Please attach the Following documents to your application:
(1) Three letters of recommendation, at least one of which is from a faculty member.
(2) A one-page statement concerning the reasons why you should be selected as an intern.
(3) A copy of your latest transcript.
(4) Any other document that you want to submit in support of your application
Intern Name:

Month of ________________ in the year

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours Worked</th>
<th>Details of Work Completed</th>
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<td>31-</td>
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<thead>
<tr>
<th>Total Days Worked</th>
<th>Total Hours Worked</th>
<th>Title(s) of Project(s) worked on:</th>
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</table>
MONTHLY STATUS REPORT (Student)

Month:

Name of Intern:

Name of Host Organization:

Name of Mentor:

Name of PI:

TASKS FOR THE MONTH

1.

2.

3.

SIGNIFICANT ACCOMPLISHMENTS

SIGNIFICANT PROBLEMS

Number of Hours Worked_____

__________________________________________________________________________

Intern Signature                                                                                      Date

NOTES:
(1) Highlights for the Month

(2) Problems Encountered

(3) Suggestions/Recommendations

Name of the Supervisor:

Student’s Signature:                           Date:

Supervisor’s Signature:                       Date:
STUDENT INTERNSHIP PROGRAM
QUARTERLY STUDENT PERFORMANCE REPORT

Period: __________ to __________

Name of Intern:

Name of Host Organization:

Name of Mentor:

Name of PI:

PERFORMANCE EVALUATION

1. Technical Skill Level

2. Ability to work in a Team

3. Attendance Record

4. Productivity

5. Reports and Documents
GENERAL COMMENTS

1. Significant Accomplishments

2. Problems

3. Corrective Actions Recommended (if any)

OVERALL PERFORMANCE

Good______ Satisfactory______ Unsatisfactory______

Discussed with intern on:__________

____________________________________  ______________________________
Intern Signature      PI Signature

Date:__________      Date:__________
FIRST MONTH EVALUATION OF INTERNSHIP BY STUDENT

Name_______________________________________ Date_______________________

Employer__________________________________________

Hours per Week__________________________

Fringe benefits provided by your company for its interns: (check all that apply)

______Life insurance     ______Medical insurance
______Vacation time    ______Expenses reimbursement
______Tuition reimbursement  ______Other (please Specify)
______________________________________________________________________________
______________________________________________________________________________

Please circle the most appropriate answer.

1. Was assistance available from your supervisor?
   Frequently   If needed   Seldom   Never

2. Was adequate explanation given to you concerning what was expected of you and the nature
   of tasks assigned?
   Frequently   If needed   Seldom   Never

3. How often did your supervisor discuss your job performance with you?
   Weekly       Monthly  Once or twice   Never

4. Was the work load adequate?
   Always       Frequently    Sometimes    Seldom   Never

5. How was the communication and cooperation among co-workers?
   Excellent    Good          Average    Fair          Poor

6. Did you associate with your co-workers after work?
   Often       Sometimes  Seldom       Never

7. How was your academic preparation for this job?
   Excellent    Good          Average    Fair          Poor
8. Did the company organize gatherings for its interns?
   Often       Sometimes       Seldom       Never

9. How would you rate your academic preparation for this position compared to colleague intern students from other universities and colleges?
   Excellent   Good           Average       Fair       Poor       No answer

10. Did assignments meet your expectations?
    Exceeded    Met           Fell below

11. Would you consider this company for permanent employment?
    Yes          No
FIRST MONTH EVALUATION FORM
EVALUATION OF STUDENT INTERN

Instructions: The intern’s supervisor should complete this form and discuss it with the student. More frequent counseling with or without the form is encouraged to enhance communication regarding the student’s performance and facilitate student development during the work term. The student has the responsibility of returning the completed form to the PI.

Intern Name:

<table>
<thead>
<tr>
<th>Performance Rating</th>
<th>Exceeds Standards</th>
<th>Meets Standards</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill (please check appropriate response)</td>
<td>Some</td>
<td>Much</td>
<td></td>
</tr>
<tr>
<td>1. Possesses necessary technical knowledge</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>2. Adapts to changing work Assignments and situations</td>
<td>______</td>
<td>______</td>
<td>______</td>
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<tr>
<td>3. Able to cooperate and work With other people</td>
<td>______</td>
<td>______</td>
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Please comment on deficiencies or exceptional points:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PERFORMANCE

4. Listens and carries out Instructions

______ ________ ________ ________
### Performance Rating

<table>
<thead>
<tr>
<th></th>
<th>Exceeds Standards</th>
<th>Meets Standards</th>
<th>Needs Improvement</th>
<th>Some</th>
<th>Much</th>
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<tr>
<td>5. Works effectively without</td>
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<td>Close supervision</td>
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<td>6. Meets deadlines and Schedules</td>
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<td>7. Produces acceptable quality</td>
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<td>Of work</td>
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<td>8. Produces acceptable quantity</td>
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<td>Of work</td>
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Please comment on deficiencies or exceptional points:
________________________________________________________________________
________________________________________________________________________

### JUDGMENT

<table>
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<tr>
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<th>Exceeds Standards</th>
<th>Meets Standards</th>
<th>Needs Improvement</th>
<th>Some</th>
<th>Much</th>
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<td>9. Demonstrates ability to make</td>
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<td>decisions or seek appropriate help</td>
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<td>10. Shows problem-solving Ability</td>
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Please comment on deficiencies or exceptional points:
________________________________________________________________________
________________________________________________________________________
### Performance Rating

<table>
<thead>
<tr>
<th>ATTITUDE</th>
<th>Exceeds Standards</th>
<th>Meets Standards</th>
<th>Needs Improvement</th>
<th>Some</th>
<th>Much</th>
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<tr>
<td>11. Accepts responsibility and is a self-starter</td>
<td>______</td>
<td>______</td>
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<tr>
<td>12. Exhibits interest and enthusiasm about the job</td>
<td>______</td>
<td>______</td>
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<tr>
<td>13. Maintains appropriate Dress and grooming habits</td>
<td>______</td>
<td>______</td>
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<tr>
<td>14. Maintains good attendance And punctuality</td>
<td>______</td>
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<td>15. Adheres to organizational Regulations</td>
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Please comment on deficiencies or exceptional points:

________________________________________________________________________
________________________________________________________________________

**Supervisor’s first month evaluation of student’s performance**

- ______ Excellent Performance (student exceeded all expectations)
- ______ Above Expectations (Student performed better than expected)
- ______ Met Expectations (student performed satisfactorily)
- ______ Below Expectations (Student requires improvement)

Evaluation has been discussed with student? (circle one)  Yes  No

Supervisor’s Signature______________________________  Date___________________
FINAL EVALUATION
EVALUATION OF INTERNSHIP BY STUDENT

Name_______________________________________ Date________________

Employer_______________________________________ Hours per week _______

Number of months as Intern_____________________

Fringe benefits provided by your company for its interns: (check all that apply)

_____ Life insurance     _____ Medical insurance
_____ Vacation time       _____ Expenses reimbursement
_____ Tuition reimbursement  _____ Other (please Specify)

______________________________________________________________________________
______________________________________________________________________________

Please circle the most appropriate answer.

1. Was assistance available from your supervisor?
   Frequently    If needed    Seldom    Never

2. Was adequate explanation given to you concerning what was expected of you and the
   nature of tasks assigned?
   Frequently    If needed    Seldom    Never

3. How often did your supervisor discuss your job performance with you?
   Weekly        Monthly       Once or twice    Never

4. Was the work load adequate?
   Always        Frequently     Sometimes     Seldom    Never

5. How was the communication and cooperation among co-workers?
   Excellent     Good         Average       Fair    Poor

6. Did you associate with your co-workers after work?
   Often        Sometimes      Seldom    Never

7. How was your academic preparation for this job?
   Excellent     Good         Average       Fair    Poor
8. Did the company organize gatherings for its interns?
   Often   Sometimes   Seldom   Never

9. How would you rate your academic preparation for this position compared to colleague intern students from other universities and colleges?
   Excellent   Good   Average   Fair   Poor   No answer

10. Did assignments meet your expectations?
    Exceeded   Met   Fell below

11. Would you consider this company for permanent employment?
    Yes   No
Instructions: The intern’s supervisor should complete this form and discuss it with the student. More frequent counseling with or without the form is encouraged to enhance communication regarding the student’s performance and facilitate student development during the work term. The student has the responsibility of returning the completed form to the PI at

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<tr>
<td>1.</td>
<td>Possesses necessary technical knowledge</td>
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<td>3.</td>
<td>Able to cooperate and work With other people</td>
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Please comment on deficiencies or exceptional points:

______________________________________________________________________________
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PERFORMANCE

4. Listens and carries out instructions | | | |
5. Works effectively without Close supervision | | | |
6. Meets deadlines and Schedules | | | |
7. Produces acceptable quality Of work | | | |
8. Produces acceptable quantity
   Of work
   
   Please comment on deficiencies or exceptional points:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

JUDGMENT

9. Demonstrates ability to make
   Decisions or seek
   appropriate help
   
   Please comment on deficiencies or exceptional points:
   ________________________________________________________________
   ________________________________________________________________

10. Shows problem-solving
    ability
    
ATTITUDE

11. Accepts responsibility and
    Is a self-starter
    
12. Exhibits interest and
    Enthusiasm about the job
    
13. Maintains appropriate
    Dress and grooming habits
    
14. Maintains good attendance
    and punctuality
    
15. Adheres to organizational
    regulations
Please comment on deficiencies or exceptional points:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Supervisor’s overall evaluation of student’s performance

_______ Excellent Performance (student exceeded all expectations)
_______ Above Expectations (Student performed better than expected)
_______ Met Expectations (student performed satisfactorily)
_______ Below Expectations (Student requires improvement)

Evaluation has been discussed with student? (circle one) Yes No

Supervisor’s Signature______________________________ Date___________________
ALUMNI PERSONAL DATA FORM

Name_____________________________________________ Maiden Name________________

Major_________________________________       Minor___________________

Year Graduated____________________________ Years Attended_______________________

Current Address________________________________________________________________

City____________________ Position_______________________________________________

Reason for Leaving _________________________________________________________________________

As you first entered the computer-related job market upon graduation, how would you rate the
quality of your training in [add major and university] compared to that of other entry level
employees in similar positions?

Outstanding_____ Above Average_____ Average____ Below Average____ N/A____

What were some of the strengths of the SWOSU Computer Science program?

______________________________________________________________________________

______________________________________________________________________________

What are some of the areas in which we could improve?

______________________________________________________________________________

______________________________________________________________________________

Please list the courses you took at (add name of university) which have been most useful since
graduation.

______________________________________________________________________________
Are there courses that were not offered or topics not covered at the time you were at which would have been valuable for you after graduation? If so, please list some of them
______________________________________________________________________________

What is your overall opinion of your Computer Science education?

Excellent___   Good___ Average___   Poor___

We are interested in learning of your accomplishments related to your employment and in other areas since graduation. Do you have any recommendations for the (add name of university) program not yet covered, any advice for your current students who are or soon will be seeking jobs, any job leads, etc.?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please fill out the information below if you have attended graduate school in (add name of university) or a related field since graduation from

School Attended       Major       Years       Degree(s)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list the courses you took at (add name of university) which were most useful in preparing you for graduate work.
______________________________________________________________________________

Are there courses that were not offered or topics not covered at the times you were at (add name of university) which would have been valuable in preparing you for graduate work? If so, please list some of them.
______________________________________________________________________________