

Indiana University
Cognitive & Information Sciences

Psychology Bldg., Bloomington, IN 47405
(812) 855-4658; fax: (812) 855-1086

Internship/Employer Profile

Date _____

Name of Organization _____

Address _____

WWW Home Page Address _____ E-mail _____

Contact Person(s) *(attach business cards if possible)*:

Name/Title _____ Phone _____ E-mail _____

Name/Title _____ Phone _____ E-mail _____

When are internships available? FALL (Sept.-Dec.) SPRING (Jan.-May) SUMMER (May-August) ONGOING

Average number of internship slots? _____ Are Internships: PART-TIME FULL-TIME BOTH

Are internships with your organization paid or unpaid? _____ If paid, hourly or stipend? _____

1. Types of Internships available: *(attach job description(s)/qualifications if possible)*
Title **Responsibilities**

2. What are the major products/services/missions of your organization?

3. What specific qualifications should interns have before applying? *(attach job descriptions/qualifications if possible)*

4. Briefly describe the application/selection process and timeline (i.e. application materials and deadlines, selection procedures, how far in advance should a prospective intern initially contact you.)

5. Additional Information