Indiana University
Cognitive & Information Sciences
Psychology Bldg., Bloomington, IN 47405
(812) 855-4658; fax: (812) 855-1086

Internship Interest Form

Your answers to the following questions will assist the internship coordinator in addressing your internship search needs.
NOTE: Completion of this form only guarantees that the Cognitive Science Program will assist you in locating an internship opportunity. It does not imply or guarantee that we will "get" you an internship. You are ultimately responsible for securing your own internship assignment.

Name_____ Date_____

Student I.D._____ E-mail_____

Local Address_____ Phone_____

Major(s)_____ Minor(s)_____

Class Standing: FR SO JR SR Grad. Alumni G.P.A._____

Expected graduation date:_____

Semester for which the internship is desired? Fall Spring Summer

Desired geographic location of internship? ANY or Specific:_____

Are you willing to accept an unpaid internship? Yes No Full- or Part-time or Any?_____

1. Cognitive science related coursework completed (include course numbers and titles):

2. Type of internship position desired and/or description of skills that you want to develop/apply in the internship.

3. How does an internship in this area fit into your academic and professional goals/objectives?

(OVER)

4. Please describe your efforts up to this point to identify opportunities that match your desire stated above? Also list the types or names of organizations in which you are interested in exploring/applying.

5. Please list any skills and/or previous work experience that will prepare you for success in an internship. (Optional: attach a copy of your resume.)

Specifically list your computer/technical skills below (include applications, programming languages, operating systems, training/courses taken etc.)

FOR OFFICE USE ONLY:

Referred student to the following resources:

Notes: