

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?

