

TELL US ABOUT YOUR INTERNSHIP

First & Last name: _____

Phone #: _____ Email: _____

Major: _____

Class Level: *Freshman* *Sophomore* *Junior* *Senior*

Name of Company/Organization of internship: _____

Title of internship: _____

Location (City/State): _____

Start Date (MM/YR): _____ End Date (MM/YR): _____

Did you receive academic credit? *Yes* *No* Paid? *Yes* \$ _____ /hr *No*

PREPS

*Pre-Professional & Career Preparation
for Science Students*

SciencePREPs.iupui.edu

science@iupui

University Tower 200
911 West North Street
Indianapolis IN 46202
(317) 274-5677