



Internship Summary

Semester_____

Name _____

Company _____

City, State_____

Area(s)/Department(s) worked in:

Daily Hours and Description of Typical Day Worked:

Out of Office Experiences:

Major Responsibilities (Include those enjoyed most and enjoyed least):



Training:

Accomplishments:

Professional Attributes the Company Expected & You Displayed:

How has this experience assisted you in your career development? Will you continue to pursue this field?

Would you recommend this company to be utilized as internship again? Why or why not?