

INTERNSHIP SURVEY FORM

NAME

DATE OF BIRTH (MM/DD/YR) GENDER MALE FEMALE TERM /ACADEMIC YEAR

ADDRESS

LANDLINE NUMBER MOBILE NUMBER EMAIL ADDRESS

STUDENT'S PROFILE

BUSINESS NAME

BRIEF BUSINESS DESCRIPTION

BUSINESS STATUS OPERATING PROPOSED (SUBJECT FOR APPROVAL)

TECHNICAL SKILLS (e.g. CREATIVE WRITING, WEB DESIGNING, ETC)

STRENGTHS AND WEAKNESSES (e.g. INTERPERSONAL SKILLS, PUNCTUALITY, ETC)	
STRENGTHS	WEAKNESSES

INTERESTS

WHAT ARE THE SKILLS THAT YOU WANT TO LEARN AND HONE FROM THE INTERNSHIP? (For instance, Accounting, Management, etc)

WHAT ARE THE VALUES THAT YOU WANT TO ESTABLISH AND CULTIVATE FROM THE INTERNSHIP? (For instance, confidence, patience, etc)

HOW CAN THE SCHOOL PREPARE YOU FOR THE INTERNSHIP? What seminar/workshop/training/similar activities would you want to undergo before the internship?

IMPORTANT. Please list any health concern:

FILED BY	APPROVED BY	PROCESSED BY
STUDENT / DATE	VICE DEAN / DATE	REGISTRAR / DATE