

Cooperative Work Experience 31 Internship Student Registration Form

This form is kept in your CWE Internship folder in the Office of Career Development, for informational purposes only. Please complete the entire form. The information will be used for your internship placement. Thank you.

Date: _____ **Semester enrolled in CWE:** Fall 20 _____
 Spring 20 _____

Student Name: _____ **Phone Number:** _____

Home Address: _____

Email Address: _____ **CUNY EMPL ID #:** _____

Major: Accounting Computer Information Systems Marketing Management Office Administration and Technology

Have you completed an internship prior to CWE? Yes No

If you have completed an internship before, what is the name and address of the organization/company where you interned?

Company/Organization: _____ **Phone #:** _____

Address: _____ **Supervisor:** _____

Have you claimed your Symplicity account? Yes No

How many credits have you completed? _____ **Current Grade Point Average (GPA):** _____

How did you first hear about the internship program? _____

What are your professional and/or personal goals for the internship? _____

What industry are you interested in to complete your internship requirements? _____

Are you aware that you have to attend the CWE course in addition to completing an internship? Yes No

Have you used the services of the Office of Career Development in the past? Yes No

Office Use Only	Internship Site Referral(s): _____ _____	
	Internship Placement: _____	Start Date: ____ / ____ / ____
	Completed 210 Hours: Yes No	Date of Completion: ____ / ____ / ____ CWE course Grade: ____ / ____ / ____

Career Interest

- 1.
- 2.
- 3.

What are your available hours to work as an intern?

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

Computer Skills

Microsoft Publisher Microsoft Word Microsoft Excel or other spreadsheet programs Microsoft Power Point
 Email/Microsoft Outlook Photoshop or other photo editing programs Other (Specify Below):

Internship Experience

Community Service

Volunteer Experience

Are you currently employed, working at an internship site, community service or volunteering? Yes No

Name or Organization/Employer:

Supervisor:

Phone Number:

Start Date:

Duties:

Do you have any internship experience? Yes No ** If you answered Yes, the please specify in the spaces provided below.*

Name or Organization/Employer:

Supervisor:

Phone Number:

Start Date:

End Date:

Duties:

Tell us some things that you learned from your internship experience(s):

APPLICANTS SIGNATURE

I certify that all of my answers given are true and complete to the best of my knowledge. Supplying false information herein shall result in immediate disqualification for consideration of an internship or termination of an internship regardless of when such false information is discovered.

Signature: _____ Date: ____ / ____ / ____