

SURP-893 INTERNSHIP

Information in this report will be kept confidential, and only reviewed by SURP faculty and staff.

NAME: _____ DATE: _____

Faculty Advisor (who signs your study plan) _____

What organisation was the internship with? _____

Address: _____

City and Postal code: _____

Web site: _____

What was your job title? _____

Name of your supervisor? _____

Supervisor's Title: _____

Telephone Number: _____

E-mail: _____

Please list your duties and any projects completed:

Did the agency provide any training or coaching? Was it useful?

Did you interact with the public / clients as a part of the job?

How did you find out about this internship opportunity? (Check any that apply)

- SURP Internship program interview
- SURP Internship program notice
- Professor referral
- CIP / affiliate job notice
- Queen's Career Services
- Internet
- Someone from the agency contacted me
- Personal / family referral
- Worked for the agency before

