



Please return this form to:

INI Academic Affairs Office
 4616 Henry St.
 Pittsburgh, PA 15213
ini-enrollment@andrew.cmu.edu

Internship Summary Form
To be completed by internship supervisor

Company:	Division:	Address:
Intern Name:	Email:	Phone:
Supervisor Name:	Email:	Phone:
Alternative Supervisor Name:	Email:	Phone:
Internship Start Date:	Internship End Date:	

Technical Requirements:

Were any of the following knowledge areas or skills necessary to perform the work required?

- | | | | |
|---------------------------|---------------------------|----------------------|--------------|
| Computer Systems Software | Computer Systems Hardware | Computer Networks | C/C++/Java |
| Mobile Computing | Machine Learning | Data Mining | Privacy |
| Information Security | Digital Forensics | Software Engineering | Product Mgmt |

We understand that there may be classified or proprietary information that cannot be divulged. If this is the case, please respond to the following to the best of your abilities. If additional space is required, please submit additional notes as an attachment.

Description of Tasks:

Work Objectives:

Was the internship successfully completed? Yes No

Supervisor's Signature: Date:

To be completed by the Information Networking Institute:

Student has PASSED FAILED

INI Departmental Signature: Date: