ini
Information Networking Institute
Carnegie Mellon University

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: