

**University of Virginia ❖ Department of Media Studies
Student Internship Questionnaire**

Your Name: _____

The information below will be entered in the internship database so that other media studies majors can evaluate potential internships prior to applying for them. Your candid assessment of your internship experience will be appreciated by them.

Please complete the following:

Company name: _____

Address: _____

City, State, Zip _____

Description of company (main business function):

Main contact person for this internship: _____

Their title: _____

Their email: _____

Additional contact persons (name, title, email, fax):

Name: _____

Title: _____

Email: _____

Description of internship/typical responsibilities:

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Positive aspects of internship:

Negative aspects of internship:

Did the internship meet your goals and expectations? How?
If not, what would you change about the agreement you set at the outset to make this a more useful experience?

Would you recommend this internship: YES or NO