MIT Washington Summer Internship Program
Sponsor Information

Name of Organization:

Office Address:

Telephone: Fax: Email:

Name of Contact Person:

Office Address (if different from above):

Telephone: Fax: Email:

Please provide a brief description of your organization.

Please describe the specific duties and responsibilities of summer interns.

What is the duration of the internship?

What days and hours will interns be expected to work?

What is the application process?

What is the deadline for the application?

Are there any special eligibility or skill requirements or preferences?

Are the internships paid or voluntary? (If paid, please state the amount).

Please return to:
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FAX: (617)258-8546 Email: iguanatw@mit.edu