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| Student Internship Evaluation | Completed by Student at the Conclusion of the Internship |

\*Return to your faculty supervisor at the conclusion of your internship.****

# Student’s Name: Click here to enter text. Major Department: Click here to enter text.

**Job Title (if applicable):**Click here to enter text.

**Faculty Internship Coordinator:** Click here to enter text.

**Name of the Organization:** Click here to enter text.

**Organization Supervisor’s Name:** Click here to enter text.

**Address of the Organization:** Click here to enter text.

**Dates of the Internship: From** Start date. **to** End date. **Hours of Academic Credit:** Hours.

**Total number of hours worked: ­**Hours. **Hourly rate or stipend, if applicable:** Pay rate.

1. What aspect of your internship was most valuable to you as a student?

Click here to enter text.

1. Did your internship in any way encourage or discourage you from pursuing your intended career goals? Please explain.

Click here to enter text.

1. Do you feel that your internship experience helped you to meet your learning and educational goals? Did it meet your expectations? If not, please explain.

Click here to enter text.

1. Was there early and adequate clarification of what your employer expected from you?

Click here to enter text.

1. Would you encourage other students in your major to seek an internship with the same organization?

Click here to enter text.

1. Other comments?

Click here to enter text.