

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:

Major Department:



Job Title (if applicable):

Faculty Internship Coordinator:

Name of the Organization:

Organization Supervisor's Name:

Address of the Organization:

Dates of the Internship: From **to** **Hours of Academic Credit:**

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

1. What aspect of your internship was most valuable to you as a student?
2. Did your internship in any way encourage or discourage you from pursuing your intended career goals? Please explain.
3. 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.
4. Was there early and adequate clarification of what your employer expected from you?
5. Would you encourage other students in your major to seek an internship with the same organization?
6. Other comments?