

Graduate Student Internship Evaluation Form

Intern Name: _____ Semester & Year: _____

Internship Organization: _____

Intern Supervisor: _____

Please provide detailed answers to the following questions:

1) Did the internship follow the terms of the internship contract?

Yes ___ No _____ (If no, please explain)

2) What skills did you apply to your internship experience?

A) Did you feel you had sufficient skills to carry out all assigned tasks?

B) In what areas did you need to augment/expand your skill set?

- C) How did you expand your skill set during your internship?
- 3) In addition to the coursework you have already completed, what additional coursework would have helped you prepare for your internship?
 - 4) Was the internship a satisfactory entry-level work experience? Why or why not?
 - 5) What did you learn from your internship experience?
 - 5) Would you recommend this internship to another student? Why or why not?
 - 6) Additional Comments:

How did you find out about this internship? (Please check all that apply)

CDC

SOM

Fellow Student

Other

Advertisement

Company website

Web-based job search site (E.g.
Monster.com)

May this evaluation be available to other students (your name, SS#, address & phone number would be omitted)? Yes No

Student's signature _____ Date _____

Please return to:

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