

---

**STUDENT INTERNSHIP/DEPARTMENT EVALUATION**

---

**Student:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Evaluation Period:** Fall      Spring      Summer      Year \_\_\_\_\_

**Directions:** Objectively evaluate your experience with this student using the rating scale shown below.

<b>E-Excellent</b>	<b>S-Satisfactory</b>	<b>U - Unsatisfactory</b>
<b>A-Above average</b>	<b>N-Needs improvement</b>	<b>N/S-Not applicable</b>

<b>WORK EXPERIENCE</b>	<b>RATING</b>	<b>COMMENTS, EXAMPLES</b>
Was punctual and responsible for time-commitments		
Completed all assigned tasks		
Was professional and personable		
Was able to grasp the intellectual concepts of the department		
Completed assigned project		
<i>Overall rating of internship</i>		

**Questions:**

**Professional areas that student appears to excel in:**

**Professional areas that student may want to improve on:**

**Other comments:**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internship Coordinator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed evaluation to:  
**Internship Coordinator**  
**Dr. Hurd**  
**Office of Student Activities**  
**Commons, Building 22**