TO BE COMPLETED BY STUDENT:

Name: ____________________________________________  Course No.: COM295  COM296

Place of Internship: ____________________________  Evaluation Period: ____________________________

TO BE COMPLETED BY INTERNSHIP SUPERVISOR:

Department or area of internship: ___________________  # of hours completed by student: ____________

Please describe the duties and activities performed by the student during the internship:

Please give a brief descriptive evaluation of the student's performance (e.g., dependability, initiative, cooperativeness, aptitude, etc.).

How would you rate the student's overall performance (circle one):

above average  average  below average

Your name and title:

_________________________________________________________________

Phone #:_________________________________  Date: _________________________________
Please give a brief but thorough summary of your internship experience (e.g., what duties did you perform? What did you learn? Did you consider it a valuable experience? Were there any problems?). Use the back side of this form for additional space if needed.

How would you rate this place for internship experience? Would you recommend it for other students?

How would you evaluate your supervisor?