

STUDENT EVALUATION OF INTERNSHIP

Coastal Carolina University

Student Name: _____ I.D.# _____ Date: _____

Phone: _____ E-mail: _____ Major: _____

Internship Site: _____ Supervisor: _____

General description of the type of work performed during the internship:

List the major duties performed on the job:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Describe the skills you developed and how they relate to your major:

What were the most positive aspects of your internship?

What aspects of the internship need improvement?

Overall Internship Experience

	Strongly Agree	Agree	Disagree	Strongly Disagree
1) My internship was related to my major.				
2) My internship was related to my career goals.				
3) My work supervisor was accessible.				
4) My supervisor was instructive and supportive.				
5) My internship challenged my skills & abilities.				
6) I was given clear directions by my supervisor.				
7) I was given relevant work assignments.				
8) I was productive for the organization.				
9) This experience makes me a better job candidate.				
10) I would consider working full-time here.				
11) The organization may consider hiring me.				
12) I am more confident in my work skills & abilities.				
13) This internship met my original goals and learning objectives.				
14) I recommend this internship to other students.				

Additional comments:

Student Signature: _____ Date: _____

Please return to: CAREER SERVICES INTERNSHIP COORDINATOR and FACULTY SUPERVISOR (credited internship only)