

STUDENT EVALUATION OF INTERNSHIP

Coastal Carolina University

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

Phone: _____ Email: _____ Major: _____

Internship Site: _____ Supervisor: _____

Faculty Supervisor: _____ Department: _____

	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.				

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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 knowledge and skills you developed and how they relate to your major and/or career goals:

Describe the impact this internship experience has had on your relationship to the world in which you live:

Additional comments:

Student Signature: _____ Date: _____