**Return this form to the Marketing & Economics Department**

**IMPORTANT:** **MINIMUM** of 160 work hours to receive 3 credit hours

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### Student’s Internship Evaluation

**Please Print**

- **Student Name ______________________________**
- **Major ____________________________**
- **Employer ________________________________**
- **Supervisor ___________________________**

**Internship Period:** **Year ____**

- [ ] Fall
- [ ] Summer
- [ ] Spring
- [ ] Other ________________

**Will this student continue in this position?**

- [ ] yes
- [ ] no

**If yes, when ______________**

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

<table>
<thead>
<tr>
<th>E-Excellent</th>
<th>A-Above Average</th>
<th>S-Satisfactory</th>
<th>N-Needs improvement</th>
<th>U-Unsatisfactory</th>
<th>N/S-Not applicable</th>
</tr>
</thead>
</table>

### WORK EXPERIENCE

- Relationship of work to career goals
- Training received
- Supervision received
- Level of responsibility assigned
- Abilities utilized

**Overall rating of work experience**

### LEARNING EXPERIENCE

- Learned information, skills, or techniques not learned in class
- Gained career/professional knowledge
- Relationship of academic assignments to work

**Overall rating of learning**

### PERSONAL DEVELOPMENT

- Gained greater self-confidence
- Improved understanding of strengths, weaknesses
- Met people who contributed to professional growth

**Overall rating of development**

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**How did this experience affect your educational or professional plans?** (Circle one)

- [ ] Confirmed plans
- [ ] Changed plans
- [ ] Other (explain)

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**Student’s Signature ________________________________________________**

**Date ______________**