

WGST Student Internship Site Evaluation

Semester: _____ Professor's Name: _____

Please rate the value of your internship assignments as Excellent, Good, Average, or Poor:

Comments: _____

Work Site Evaluation:

Company Name: _____

Division: _____

Job Title: _____

1. How has your internship experience affected (clarified, changed, confused) your career goals?

2. What percentage of your time was spent doing purely clerical work?

3. What advice would you give a student who is considering doing an internship with your employer?

4. Would you recommend this position to other students? Why or why not?

