FINAL STUDENT INTERNSHIP EVALUATION

Name:		Date:				
Student Number	Your UW emai	1:	Pho	ne Number		
Name of company:						
Name of unit or department:						
Supervisor: (Name, title, phone)						
If graduating, will you be accepti	ng employment wi	ith this company	? Yes No]	Explain:		
Please circle answer						
While on internship, were you in Yes No If yes: All the time	-			s, sister companies, etc	?	
What countries?					_	
Briefly summarize your into						
If you missed any days of work i						
Who provided feedback on your	daily progress and	at what intervals	?			
In what areas would you like to i	mprove or expand	before you begin	your career?			
Overall, how do you evaluate yo	ur internship:	Excellent	Very good _	Satisfactory	Poor	
Explain:						
Additional comments:						