INTERNERNSHIP EVALUATION FORM TO BE COMPLETED BY STUDENT

Fall  Spring  Summer  20_____
(circle one)

Student: ______________________________________________________________________

Major: _____________________  Graduation Date: ______________________

Employer: _____________________

Department in company: _______________________

Company’s address: _____________________________________________________________

Street  City  State  Zip

Position Title: __________________________________________________________________

Briefly describe your work assignment: (attach additional page if necessary)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Supervisor’s Name: (please print) ________________________________________________

Employer Coordinator’s Name: ________________________________________________

Work Period Starting Date: ____________  Anticipated Completion Date: ____________

Regular Working Hours: Daily from ________ to ________; Saturday from ________ to ________

Regular overtime by days and hours, if any: __________________________________________

Times absent: Reason(s):

____________________________________________________________________________________

On a scale of one to five, rate the following characteristics of your Internship assignment and your employer.

1. Describe the relationship of your work to your academic/career interests.
   2. Were you adequately prepared academically for your assignment?
   3. Were you adequately interested in and challenged by your work assignments?
   4. How was supervision and guidance during your internship assignment?
   5. Have your years at MSU prepared you to fit into the work place?
List new skills that you learned during the work experience:

________________________________________________________________________________________

________________________________________________________________________________________

List any suggestions for improvement of the Dillard College of Business Administration Internship Program:

________________________________________________________________________________________

________________________________________________________________________________________

Overall, did your internship experience provide you with insight into your career interests? Please mark on the scale how you feel your experience provided you insight: more than you expected (+2), what you expected (0), or less than you expected (-2)?

<table>
<thead>
<tr>
<th>-2</th>
<th>-1</th>
<th>0</th>
<th>+1</th>
<th>+2</th>
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Please rate how you would assess the quality of your internship host organization on a scale of 1 to 5 (1 = Poor; 2 = Below Average; 3 = Average; 4 = Above Average; 5 = Very Good)

*Helpfulness

1  2  3  4  5

*Attention

1  2  3  4  5

*Courtesy

1  2  3  4  5

*Depth of Exposure

1  2  3  4  5

*Free from unnecessary problems

1  2  3  4  5

What major contribution(s) to your future professional career did the host organization make?  

________________________________________________________________________________________

________________________________________________________________________________________

Would you intern with the host organization again in the future? Please explain. □ Yes     □ No

________________________________________________________________________________________

________________________________________________________________________________________

Student’s Signature: ___________________________   Date:  _____________________

Please email, hand deliver, fax or mail this completed document:
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