



DILLARD COLLEGE OF
Business Administration

ACADEMIC INTERNSHIP PROGRAM
Supervisor Evaluation

STUDENT NAME:	MAJOR:
EMPLOYER/INTERNSHIP ORGANIZATION:	SUPERVISOR NAME AND TITLE:
DEPARTMENT:	EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP):
TIMES ABSENT:	REASONS FOR ABSENCES:

Describe the accomplishments and contributions made by the student.

What is your overall evaluation of the work done by the student? Note any major strengths or weaknesses.

Was the student adequately prepared academically for the position? (Please add suggestions so we can better prepare student for future positions like this one.) Yes No

Will the student be returning to work at your company? Yes No If yes, when? _____

Please rate the student based on the following factors.

Did the student have . . .	Definitely Yes	Yes	No	Definitely No	Unable to Evaluate
an ability to apply classroom knowledge in a real-world work environment?					
an understanding of professional and ethical responsibility?					
an ability to communicate effectively?					
an ability to use appropriate techniques, skills, and modern business tools?					

Do you plan to hire other MSU interns and/or graduates in the future? Yes No

This evaluation has been discussed with the intern student? (optional) Yes No

Employer/Supervisor Signature	Date:
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Please email, hand deliver, or mail this completed document:

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