

INTERNSHIP STUDENT EVALUATION

Name (Last, First, Middle): _____

M Number: _____ Murray State Email: _____

Preferred Phone #: _____ International Student (used CPT)

Internship Course Advisor: _____ Internship Course Name/Number:

Semester Spring Summer Fall Year _____

List your major duties/responsibilities in descending order of complexity and importance:

1. _____
2. _____
3. _____
4. _____
5. _____



Based on the goals and learning outcomes you developed prior to beginning your internship, please reflect on how you met, exceeded or failed to meet your goals. You may add additional documentation.

GOAL/LEARNING OUTCOME # 1:

I met this objective in the following ways:

The evidence of my success is

GOAL/LEARNING OUTCOME # 2:

I met this objective in the following ways:

The evidence of my success is

GOAL/LEARNING OUTCOME # 3:

I met this objective in the following ways:

The evidence of my success is

What about this experience was most beneficial to your professional development?

Do you plan to intern with this employer again in the future? Yes No

If no, will you seek another internship assignment prior to graduation? Yes No

Do you recommend this internship site to other students? Yes No

Student Signature: _____ Date: _____