

Please return a copy of this evaluation to your faculty advisor and Lisa Miller (lamiller@smu.edu) at Dedman Records

Student Intern: _____ SMU ID#: _____

Email: _____ Tel () _____

Organization Name: _____

Internship Site Supervisor Name: _____ Tel () _____

Supervisor Email: _____ Title: _____

Start Date: _____ End Date: _____

Hours per Week: _____ Number of Weeks: _____ Total Hours: _____

Faculty Internship Sponsor: _____ Title: _____

Start Date: _____ End Date: _____

Were your work responsibilities similar to those outlined on your Internship Learning Contract?

What was your most important contribution to your internship organization?

How has your participation in this internship benefited you?

Student Intern Signature: _____ Date: _____