Student Internship Evaluation

Dedman College of Arts and Humanities

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: __________________________