![Middle Georgia State University logo]

Middle Georgia State University

SCHOOL OF COMPUTING
Department of Information Technology

INTERNSHIP STUDENT EVALUATION FORM

This form is to be completed and submitted at the end of the semester.

STUDENT INFORMATION	
NAME:	ID NUMBER:

STUDENT'S DETAILS	SUPERVISOR DETAILS
ORGANIZATION'S NAME:	SUPERVISOR'S NAME:
STUDENT'S DEPARTMENT:	SUPERVISOR'S JOB TITLE:
STUDENT'S WORK PHONE NUMBER:	SUPERVISOR'S DEPARTMENT:
STUDENT'S WORK EMAIL:	SUPERVISOR'S PHONE NUMBER:
STARTING DATE OF INTERNSHIP (DD/MM/YY):	SUPERVISOR'S FAX NUMBER:
COMPLETION DATE (DD/MM/YY):	SUPERVISOR'S EMAIL ADDRESS:

INTERNSHIP EXPERIENCE	
1.	**What academic courses or work experiences have proved to be helpful in performing your internship?**
2.	**What additional course work and/or experience would have proved to be helpful in performing your internship?**
3.	**Do you feel that your Internship experience was meaningful in a general way? If "YES" please give us some examples; If "NO", please give us some reasons.**
4.	**Do you feel your Internship experience was meaningful keeping in view of your major or career goals? If "YES" please give us some examples; If "NO", please give us some reasons.**
5.	**Has this experience affected your educational or career plans and goals?**
5.	**Did you encounter any problems during your internship?**

7.	Do you have any other comments that will help the Department and our students?				
8.	Overall, how do you rate your internship experience?	Excellent	Good	Average	Poor

STUDENT SIGNATURE	DATE