

COLLEGE *of* VISUAL ARTS

STUDENT SELF EVALUATION INTERNSHIP PROGRAM

TO BE COMPLETED BY THE STUDENT INTERN

Intern's Name: _____ Date: _____

Major: _____ Date of Graduation: _____

Organization: _____

Internship Sponsor: _____

Internship Sponsor Supervisor: _____ Sponsor's job title: _____

Sponsor telephone _____ email: _____

Hours and days of internship: _____

1. Describe your internship activities and responsibilities in detail: _____

2a. Identify internship goals: _____

2b. How did you meet these goals? _____

3. What were the strengths of this experience? _____

4. What were the weaknesses of this experience? _____

5. Would you recommend this internship? Why or why not? _____

6. Other comments: _____
