

# INTERNSHIP STUDENT EVALUATION

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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 \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The following skills and personal traits are regularly rated as desired by 33.2% of employers. The following skills and personal traits are regularly rated as desired by 33.2% of employers.



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

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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: \_\_\_\_\_