

Student Evaluation Form

Thank you for taking your time to complete this evaluation. Your answers will be used to help future internship initiatives. Please help us by being detailed and constructive in your responses.

1. Biographical Information:

First Name: _____

Last Name: _____

Email: _____

2. Organization Information:

Name: _____

Supervisor: _____

Supervisor Email: _____

Address: _____

Career Field/Job Inquiry: _____

3. Dates of Internship:

Start: _____ End: _____

4. Major(s):

1. _____ 2. _____ 3. _____

5. Graduation Year: _____

6. What were your reasons for doing the internship? Please check all that apply.

Build resume

Earn money

Test out new organization/industry

Network

Complete interesting/challenging tasks

Required to fulfill degree requirements

Gain real work experience

Receive college credit

7. What services did you obtain from the Stockton Career Center in preparation for your internship?

Please check all that apply.

Resume

