

NWQB 3rd Floor
 P.O. Box 413
 Milwaukee, WI 53201-0413
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 Phone: 414-229-4707

Student Evaluation of Fieldwork INFOST 990

Date: _____

Student:

Please return this form during final exam week, to your SOIS faculty fieldwork mentor at the address above.

Student Name:	Email:
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Faculty Advisor:	Fieldwork Supervisor:
Fieldwork Site:	
Address:	
Date(s) of fieldwork site visit(s):	
Date(s) of three-way conference(s):	
Describe in brief, the nature and purpose of the fieldwork experience:	
Compile an evaluation report of 3-5 pages, which includes a factual and evaluative statement of each activity, time spent on each, and a general statement of the quality of the overall internship experience. Please attach the evaluation report to the back of this sheet.	

