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 Milwaukee, WI 53201-0413
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 Phone: 414-229-4707

Faculty Advisor Evaluation of Student Internship INFOST 495

Date: _____

Faculty Advisor:

Please return this form during final exam week your IST Internship Advisor at the address above.

Student Name:	Email:
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Faculty Internship Advisor:	Intern Supervisor:
Internship Site:	
Address:	
Date(s) of Internship site visit(s):	
Date(s) of three-way conference(s):	
Date(s) of conference(s) with student:	
Comments:	

