UNIVERSITY of WISCONSIN
UWMILWAUKEE

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Student Evaluation of Internship
INFOST 495

Date: _____

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

Student Name:	**Email:**

Internship Faculty Mentor:	**Intern Supervisor:**
Internship Site:	
Address:	
Date(s) of internship site visit(s):	
Date(s) of three-way conference(s):	
Describe in brief, the nature and purpose of the internship 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.	