

INTERNSHIP SITE EVALUATION FORM

SCHOOL OF GLOBAL & INTERNATIONAL STUDIES

Submit this form electronically as an e-mail attachment to sgisgrnt@indiana.edu upon your return. Your evaluation may be read by future interns considering an internship with your sponsor. Supervisors will not see this form, but may contact SGIS for general feedback.

STUDENT INFORMATION	
Student Name:	E-mail Address:
ID#:	Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20__
Paid Internship <input type="checkbox"/> Yes <input type="checkbox"/> No	
THE INTERNSHIP/VOLUNTEER EXPERIENCE	
Organization Name: Web Address (URL): Internship/Volunteer Supervisor: Supervisor's Phone Number: Supervisor's E-mail Address: Experience Location (City/State/Country) : Dates of Internship: Hours per Week:	
How did you locate this internship?	
Provide brief description of the internship site:	
What were your tasks and responsibilities as an intern?	
How does this internship site fit into the scope of SGIS?	
What were the strengths and weaknesses of the internship site?	
What skills and knowledge did you gain by participating in this internship site?	
Would you recommend this internship site?	
STUDENT ACKNOWLEDGEMENT	
Student Name: Date:	