

Student's Evaluation

(Please print legibly or type since future students will be reading this.)

Student name: _____

Name of internship organization: _____

Semester/year completed: _____

Specific projects worked on: _____

Specific skills obtained: _____

Would you recommend this internship to others? Why?

Advice to other students about this internship: _____

Return the completed form to your intern or to the Internship Director via email or mail to:

Internship Director
Communication Studies, College of Human Services
mail code 3251, PO Box 37100
Phoenix, AZ 85069-7100