

# OFFICE OF CAREER COUNSELING

## STUDENT INTERNSHIP FEEDBACK FORM

Please return by email to: Anne Marie Damiani at [adamiani@sarahlawrence.edu](mailto:adamiani@sarahlawrence.edu)

Date:

Name:

Graduation Year:

Semester/Year of Internship (ex: Fall, 2009)

Name of Organization:

Please provide a brief evaluation of your internship (please comment on nature of work, degree of training/supervision, importance of work in relation to course/future career):

Will you continue this internship next semester?

Yes  No

Would you recommend this internship to other students?

Yes  No

Please comment:

May we use your name and excerpted quotes for our public website?

Yes  No

Thank you for your cooperation.