

INTERNSHIP STUDENT EVALUATION

Name (Last, First, Middle): _____

M Number: _____ Murray State Email: _____

Preferred Phone #: _____ International Student (used CPT)

Internship Course Advisor: _____ Internship Course Name/Number: _____

Semester Spring Summer Fall Year _____

List your major duties/responsibilities in descending order of complexity and importance:

1. _____
2. _____
3. _____
4. _____
5. _____

The following skills and personal traits are regularly rated as desired by employers. Evaluate your performance in each area:

Adapt to New/Changing Circumstances.....

Analytical / Quantitative.....

Communication (Verbal)

Communication (Written)

Critical Thinking/Analytical Reasoning

Global/Cultural Awareness.....

Initiative.....

Innovation / Creativity.....

Leadership / Decision-Making

Organizational Awareness / Cultural Fit.....

Problem Solving.....

Self-awareness / Social Intelligence

Teamwork / Collaboration.....

Comments:



Katie Mantooh, Internship Coordinator
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100 Oakley Applied Science Bldg | 270.809.3735 | murraystate.edu/career/intern
Murray State University is an equal education and employment opportunity, M/F/D,AA employer.

Based on the goals and learning outcomes you developed prior to beginning your internship, please reflect on how you met, exceeded or failed to meet your goals. You may add additional documentation.

GOAL/LEARNING OUTCOME # 1:

I met this objective in the following ways:

The evidence of my success is

GOAL/LEARNING OUTCOME # 2:

I met this objective in the following ways:

The evidence of my success is

GOAL/LEARNING OUTCOME # 3:

I met this objective in the following ways:

The evidence of my success is

What about this experience was most beneficial to your professional development?

- | | | |
|---|------------------------------|-----------------------------|
| Do you plan to intern with this employer again in the future? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, will you seek another internship assignment prior to graduation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you recommend this internship site to other students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Student Signature: _____ Date: _____