

MARYMOUNT UNIVERSITY

STUDENT EVALUATION OF INTERNSHIP EXPERIENCE

Student Name _____

Marymount ID (7 numbers) _____

Major _____

Internship Semester (Circle one and enter year) FALL SPRING SUMMER 20__

Year in School (Circle your status as of today) FR SO JR SR

Number of Credits for Internship 3 6 No credit Other _____

Academic Internship Mentor Name _____

Company Name _____

Company Address _____

Department/Division Worked For _____

Supervisor Name _____

Supervisor Contact Information:
Email _____

Fax Number _____

Phone _____

Internship Job Title _____

Start Date of Internship _____

End Date of Internship _____

Compensation _____

Did you receive overtime pay? _____

Hours Worked Per Week _____

Worked from _____ AM / PM (circle one) to _____ AM / PM (circle one)
Days Worked Each Week MO TU W TH FR SA SU

Total Hours Worked _____

Did the assignments given to you by your site supervisor meet your expectations for the position?

