

# Internship / Cooperative Education Program

## - Student's Evaluation -

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Co-op Job Title

\_\_\_\_\_  
Academic Rank

\_\_\_\_\_  
Major / Minor

\_\_\_\_\_  
Quarter

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, & Zip

On a scale of 1 – 5 (1 = Poor, 2 = Fair, 3 = Good, 4 = Good, 5 = Excellent), evaluate the following aspects of your experience.

Rating	Comments
_____ Appropriateness of job expectations	_____
_____ Quality of supervision	_____
_____ Working conditions	_____
_____ Staff collegiality	_____
_____ Compensation	_____
_____ General degree of satisfaction	_____
_____ Educational/Career enhancement	_____

Briefly explain how you located, applied for, and got this cooperative education agreement

\_\_\_\_\_

Describe the duties involved in your position

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What should a prospective co-op/intern know about this experience (high points, difficulties, etc.)?

\_\_\_\_\_

\_\_\_\_\_

Do you intend to register for a co-op / internship next term?

\_\_\_\_\_ Yes, ASC 489.01 for academic Credit \_\_\_\_\_ Yes, ASC 489.02 for non-credit \_\_\_\_\_ No

If yes, remember to complete the appropriate agreement forms, inform the coordinator of career services that you will register for one of the two and add the appropriate course.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

*(Return to the Coordinator of Career Services by the last day of the regularly scheduled classes)*