



Student's Name: _____ Student's Major: _____

Organization Name: _____ Division/Department: _____

Supervisor's Name: _____ Term/Year: [] Fall [] Spring [] Summer 20____

1. Describe your main duties and responsibilities in this internship.

2. List the learning objectives accomplished through this experience.

3. What knowledge, skills and abilities did you strengthen through your internship?

4. What challenges or problems did you encounter during the internship?

5. What did you like best about this experience?

6. What would you change about this internship to increase your overall satisfaction and success?

7. Would you recommend this organization and/or internship to a friend or fellow student? Why or why not?

8. Please provide additional comments you may have about this internship experience.

Student's Signature: _____ Evaluation Date: _____

Please return completed form to Career Development: internships@bellarmine.edu, 502-452-8242 fax, or 225 Horrigan Hall.