

Internship Information**YES** **NO**

May this evaluation be shared with the student?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to receive a copy of the student's final paper on their internship experience (evaluation), if acceptable to the student?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in attending the student's internship presentation?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be willing to work with another intern from our department?	<input type="checkbox"/>	<input type="checkbox"/>
May we include you in our Internship Database?	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend our internship program to other potential cooperators?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments you would like to share below. We are particularly interested in improvement of student skills, as well as ways that we may improve the internship program.

Cooperator Signature: _____ Date: _____

Please return this evaluation form to:

UNIVERSITY
OF WYOMING

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