

WOMEN'S STUDIES PROGRAM
STUDENT INTERNSHIP EVALUATION FORM

Name of student intern _____

Name of faculty supervisor _____

Name of site supervisor _____

Date of internship: Start _____ End _____

Grade (S/U): _____

Comments by Faculty Supervisor:

Comments by Site Supervisor:

Comments by Internship Supervisor:

Internship Supervisor, Date

WMST Office Use Only:

Date Form Filed: _____