



# STUDENT EVALUATION OF INTERNSHIP EXPERIENCE

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

## Administrative Information

Student: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Semester/Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Type: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Hourly Rate: \_\_\_\_\_  
Dept. / Division: \_\_\_\_\_

## Student's Evaluation of the Experience

Overall Experience Rating: \_\_\_\_\_  
(Circle One)      Excellent    Good    Average    Fair    Unsatisfactory

Supervisor Name: \_\_\_\_\_  
Supervisor Title: \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_  
Supervisor Phone: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_  
Work Hours: \_\_\_\_\_ From: \_\_\_\_\_ AM / PM    To: \_\_\_\_\_ AM / PM

How did you find the job?  
(Check One)

\_\_\_\_ LMU CDS Job/ Internship Listing      \_\_\_\_\_ Resume Referral  
\_\_\_\_ On Campus Interviewing            \_\_\_\_\_ Friends/Family  
\_\_\_\_ Career Fair                                \_\_\_\_\_ Job Listings  
\_\_\_\_ Professional Network Contacts      \_\_\_\_\_ Third Party Recruiter  
\_\_\_\_ Internship                                 Other \_\_\_\_\_  
\_\_\_\_ LMU Faculty or Staff  
Work Description: \_\_\_\_\_

How did you feel about the people with whom you worked? (Especially your supervisor)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did your Assignments meet your expectations?

Orientation Provided?

(If you selected 'yes' above)

What did the Orientation Include?:

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Yes No  
Yes No

Training Provided?

(If you selected 'yes' above)

Training Topics:

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Yes No

Overtime pay?:

Yes No

Benefits Provided:

(Check all that Apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Health Insurance      | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Life Insurance        | <input type="checkbox"/> Paid Holidays      |
| <input type="checkbox"/> Relocation Assistance | <input type="checkbox"/> Credit Union       |
|  | <input type="checkbox"/> Vacation           |

What did you like the most?:

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What did you like the least?:

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How did this experience enhance your understanding?:

(Of your chosen field)

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What have you learned that will influence course selections?:

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Did you earn academic credit for the internship?:

(If you earned academic credit for this internship)

Yes No

# of Credits Earned:

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LMU Course Name:

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LMU Course Number:

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Faculty Name:

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Academic Division/Dept.:

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What was most valuable about this experience?

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Would you recommend this company to an intern?

Have you received an employment offer as a result of your intern?:

Suggestions, remarks....

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Yes No  
Yes No

\*\* This form may be accessed and submitted through LionJobs

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