INTERNSHIP EVALUATION

(To be filled out by workplace sponsor and returned to the Undergraduate Director at address above)

Date _________________________
Student Name ____________________________
Duration of internship _____________________
Workplace Sponsor’s Name (include Title) _____________________________________
Organization_____________________________________________________________
Phone ____________________  Email ____________________

1. Briefly evaluate the quality of the student's work:  (Use the back or attach an additional sheet of paper if desired)

2. Has the quality of the work been at least satisfactory?  YES  or  NO

3. Briefly evaluate the student’s workplace behavior:

4. Has the student’s behavior been at least satisfactory? YES  or  NO

5. Based on this experience, would you be interested in working with other GMU Economics students?

6. Please provide any additional comments.

I give permission for my name, company name, and above comments to be used on promotional materials for the internship program.

________________________________  (Workplace Sponsor Signature)  (Date)