

WEBER STATE UNIVERSITY
Bachelor of Integrated Studies Department

Internship Evaluation

*This evaluation is to be completed by the internship supervisor upon completion of the formal internship.**

Student _____ Date _____

Internship Project _____

Internship dates: (Beginning) _____ (End) _____

Company or organization _____

Supervisor's name _____

Supervisor phone #: _____ email: _____

Intern's Performance (please check one):

Excellent _____ Satisfactory _____ Less than Satisfactory _____

Please include any comments or observations concerning the student's learning experience or performance that might be helpful in assigning a grade for the internship:

*BIS students need to submit this evaluation prior to their meeting with the BIS Director. Please call the BIS office at (801) 626-7713 regarding any internship questions.