

Student Internship Survey

We are always interested in getting feedback concerning our students and their internship experiences. Please take a moment to complete our survey.

1. Name of Student:				
2. What is your major?				
3. In which semester and year did you start your internship?				
4. Name of Internship Organization:				
5. Name of Supervisor:				
6. Where was your internship located?				
7. Were you offered a stipend?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Based on your internship experience, please respond by checking the most appropriate box in the adjacent cells. Note that: (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree	1	2	3	4
a. I was assigned meaningful tasks in my internship.				
b. My internship assignments were relevant to my academic course work.				
c. My internship assignments were relevant to my interests.				
d. I had regular supervision and guidance from my supervisor.				
e. My supervisor and/or other staff were available if I had questions.				
f. I learned new knowledge in my internship.				
g. I learned new skills in my internship.				
h. I learned something new about myself in my internship.				
9. Have you received an offer from this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Would you recommend this internship organization to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Mention the most important strengths of the internship experience:				
12. Mention the most important weaknesses in the internship experience:				
13. Please feel free to comment on any aspect of the internship experience:				