

# Internship Program EXIT EVALUATION



Career Services  
University of California  
Santa Barbara, CA 93106-7140  
**(805) 893-4414 Fax: (805) 893-8023**

## Intern Information

<input type="text"/> Perm #	<input type="text"/> Major(s)	<input type="text"/> Quarter
<input type="text"/> Intern's name	<input type="text"/> Internship Title	<input type="text"/> Hours Worked/Week
<input type="text"/> Sponsor/ Organization's Name	<input type="text"/> Direct Supervisor's Name	<input type="text"/> # of quarters
Compensation: <input type="text"/> Hourly Pay <input type="text"/> Stipend Amt.	<input type="text"/> Did you receive academic credit? (If yes please explain below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/> Department	<input type="text"/> Course Number	<input type="text"/> Number of Credits
<input type="text"/> Faculty Sponsor's name	<input type="text"/> How often did you meet?	

Academic Credit: Briefly describe the requirements you fulfilled to receive credit.

If you wanted credit, but were unable to obtain it, please check primary reason: (Check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> Not upper division standing                       | <input type="checkbox"/> GPA too low                      |
| <input type="checkbox"/> Department does not offer credit                  | <input type="checkbox"/> Could not find a faculty sponsor |
| <input type="checkbox"/> Internship does not relate to department theories | <input type="checkbox"/> Other requirements not met       |

Other, please explain:

What Impact did your internship have on your personal, academic, and/or career development?

Were you able to relate your academic studies to any aspect of your internship experience? And why?

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## Evaluation of the Internship Program

	Extremely Useful	Very Useful	Useful	Somewhat Useful	Not Useful	Doesn't Apply
<b>Internship Overview- Online</b> (Internship process and general career information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Resume Critique/ or Workshop</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Website Internship Information</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Internship Listserv Announcements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any of the above items.

*Your honest reaction and suggestions make a difference in future improvements.*

Overall effectiveness of the internship program:

Excellent    Very Good    Good    Fair    Poor

Overall comments or suggestions for the program:

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## Your Feedback to other Students

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### Internship Information

Employer

Supervisor

Internship Title

Quarter/Year

Describe your basic tasks and accomplishments during your internship.

What did you learn about the organization you worked with?  
(e.g. their organizational structure, mission interpersonal relationships...)

What were the best aspects of your internship?

If you could change our internship experience in any way, how would you change it?

What type of person would benefit most from this type of experience?

Overall rating of your internship supervisor.

Excellent      Very Good      Good      Fair      Poor  
                       

Comments:

Overall rating of the quality of your internship responsibilities and/or projects

Excellent      Very Good      Good      Fair      Poor  
                       

Comments:

**Please use the backside of this sheet for any additional comments.**