



# STUDENT'S EVALUATION

Student's Name \_\_\_\_\_ Semester/Year \_\_\_\_\_

Internship Position \_\_\_\_\_ Start & End Dates \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## GENERAL INFORMATION:

1. Hours worked:
2. Pay rate/Salary:
3. Gender: Female / Male
4. Age:
5. Race/Ethnicity:  
 Hispanic (non-white) / Caucasian / Middle Eastern / African American /  
 Filipino / Other Pacific Islander / Japanese / Chinese / Vietnamese /  
 Asian Indian / Other Asian / American Indian / Eskimo /  
 Other, Not Listed (please specify) / Decline to State

## COOPERATIVE EDUCATION PROGRAM – INTERNSHIP:

6. Would you recommend Cooperative Education Program to other students?  
 Why or why not?

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7. Please rate your overall experience.      5      4      3      2      1  
    High      Average      Low

8. Are there ways we can improve the program for future interns?

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