

UNIVERSITY OF UTAH
MATERIALS SCIENCE AND ENGINEERING INTERNSHIP – MSE 5800/5801

Student Evaluation

Semester (circle one): Fall Spring Summer

Date: _____

This completed form should accurately assess your internship experience. It does not need to be reviewed by your employer.

Student: _____ Graduation Date: _____

Internship Employer: _____ Division: _____

Department: _____

Address: _____

Street

City

State

ZIP

Position Title: _____

Briefly describe your work assignment: _____

Supervisor: _____ HR Employer Coordinator: _____

Work Period Starting Date: _____ Anticipated Completion Date: _____

Regular Working Hours: Daily from _____ to _____; Saturday to _____

Regular overtime by days and hours, if any: _____

Average Overtime per Week (in hours): _____. Time Absent: _____ Causes: _____

Gross Pay Rate (mark one): _____ per Hour Week Month Estimated Total Gross Period Income: _____

Latest Change in Gross Pay from _____ to _____ per Hour Week Month Change effective: _____

Please rate the OVERALL quality and value of this Work Session by marking one of the following:

(1=Low, 10=High) 1 2 3 4 5 6 7 8 9 10

Internship Faculty Advisor: _____

On a scale of one to five, rate the following characteristics of your internship experience and your employer.

COMMENTS

1. Relationship of work to your academic/career interests.
 No Relationship 1 2 3 4 5 Highly Related

2. Were you adequately prepared academically for your assignment?
 Under Prepared 1 2 3 4 5 Over Prepared

3. Was your work assignment challenging?
 Little Challenge 1 2 3 4 5 Overwhelmed

4. Employer's understanding and management of the Internship.
 Poor 1 2 3 4 5 Excellent

5. Employer supervision and guidance during your Internship assignment.
 Poor 1 2 3 4 5 Excellent

6. Your relationship with your fellow employees.
 Poor 1 2 3 4 5 Excellent

7. Overall evaluation of your employer as a internship participant.
 Poor 1 2 3 4 5 Excellent

8. Did you have an exit interview with your Employer Coordinator? Yes No

9. Did you discuss this evaluation with your employer coordinator or supervisor? Yes No

How adequately were you compensated for your efforts during the work session in terms of:

	Poor			Excellent	
	1	2	3	4	5
Salary					
Recognition by co-workers					

How actively were your suggestions solicited for improvements in:

	1	2	3	4	5
Co-Op Program with employer					
Business/Technical Matters					

What new skills did you learn during this internship session?

Suggestions for improvement of the program (use back of page if necessary):