To receive internship credit, submit this form by fax, email or US mail to the LBJ School's Graduate Program Coordinator no later than 5:00 PM on the last class day of the semester in which you complete your internship.

Lyndon B. Johnson School of Public Affairs
Office of Student and Alumni Programs

STUDENT EVALUATION OF INTERNSHIP

If you need more space in which to answer any question, please attach a separate sheet.

Student Name	Phone
Internship Agency	Phone
Agency Supervisor's Name	Title
City/State	Sector
Starting Date	Ending Date
Remuneration per month	LBJ Funding

1	tne	space	below,	piease	write a	a briet,	precise	statement	of your	internship	<u>assignmer</u>

Relevance to your career objectives: Opportunities for learning: Workload and working conditions: Adequacy of remuneration:

Evaluation: Please evaluate your internship in terms of the following:

Quality of supervision:
External agency contacts:
General comments:
Would you recommend that a student he pleased in this internable payt year? Please explain
Would you recommend that a student be placed in this internship next year? Please explain

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