**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 |

**In the space below, please write a brief, precise statement of your internship assignment.**

|  |
| --- |
|  |

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

Relevance to your career objectives:

|  |
| --- |
|  |

Opportunities for learning:

|  |
| --- |
|  |

Workload and working conditions:

|  |
| --- |
|  |

Adequacy of remuneration:

|  |
| --- |
|  |

Quality of supervision:

|  |
| --- |
|  |

External agency contacts:

|  |
| --- |
|  |

General comments:

|  |
| --- |
|  |

Would you recommend that a student be placed in this internship next year? Please explain.

|  |
| --- |
|  |

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Graduate Program Coordinator, LBJ School, P.O. Box Y, Austin, TX 78713-8925

FAX: 512-471-8455