STUDENT EVALUATION FORM

* Please return this form to the Campus Faculty Coordinator at the conclusion of your internship.

DATE: ___ / ___ / ________ SEMESTER (please circle): Fall  Spring  Summer  Winter  20___

STUDENT INFORMATION:

NAME __________________________________________ COLLEGE ________________________________________

ADDRESS ______________________________________ FACULTY COORDINATOR ________________________

CITY & STATE __________________ ZIP ______ STUDENT TEL #: (___) _________-

E-MAIL ADDRESS: _____________________ @

MAJOR __________________________ MINOR __________________________

FINAL PLACEMENT INFORMATION:

AGENCY/ORGANIZATION NAME: ________________________________________________________________

DEPARTMENT (if any): ________________________ SUPERVISOR ______________________________________

FULL ADDRESS __________________________________________ TELEPHONE (___) ___ - _______

Please answer all the questions to the best of your ability.

1. How would you describe the quality of your placement?
   (  ) Excellent  (  ) Good  (  ) Fair  (  ) Poor

2. How closely were you supervised?
   (  ) Closely  (  ) Moderately  (  ) Slightly  (  ) Not At All

3. How would you describe your relationship with other office personnel?
   (  ) Excellent  (  ) Good  (  ) Fair  (  ) Poor

4. How much responsibility were you asked to assume?
   (  ) Substantial  (  ) Moderate  (  ) Slight  (  ) None

5. What was the nature of your work? (Check as many as apply)
   (  ) Administrative  (  ) Research  (  ) Clerical  (  ) Client Relations  (  ) Other

__________________________

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Continued on reverse
6. What contribution do you feel your work made to the operation of the office?
   ( ) Substantial    ( ) Moderate    ( ) Slight    ( ) None

7. If any problems arose in your placement, whom did you contact?
   ( ) Seminar Instructor   ( ) Work Supervisor   ( ) Central Program Office

8. If such problems arose, how would you rate the help you received?
   ( ) Substantial    ( ) Useful    ( ) Adequate    ( ) Marginal    ( ) Poor

9. How much did the internship contribute to your understanding of urban politics?
   ( ) Substantial    ( ) Moderate    ( ) Slight    ( ) Not at All

10. Did the internship help clarify your career objectives?
    ( ) Substantial    ( ) Moderate    ( ) Slight    ( ) Not at All

11. Have you been able to develop job contacts as a result of your internship?
    ( ) Yes    ( ) No    ( ) Did not attempt to

12. Would you recommend participation in the internship program to the friend?
    ( ) Yes    ( ) No

13. Did you find the monthly meetings (CUNY Forums) at the Graduate Center to be of value?
    ( ) Substantial    ( ) Moderate    ( ) Slight    ( ) Not at All

14. Did the format of the monthly meetings (CUNY Forums) allow sufficient opportunity for student participation?
    ( ) Substantial    ( ) Satisfactory    ( ) Moderate    ( ) Limited    ( ) Insufficient

15. Did you find the weekly class seminars to be of value?
    ( ) Substantial    ( ) Satisfactory    ( ) Slightly    ( ) Not at All

16. Please comment below on your internship experience and class sessions.