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 __________________________________________ CUNYFIRST ID: _______________________

ADDRESS ______________________________________________________ APT # _______________________

CITY & STATE _______________ ZIP __________ STUDENT TEL #: ( ) __________-__________

E-MAIL ADDRESS: ________________________________ @ ________________________________

FINAL INTERNSHIP PLACEMENT:

AGENCY/ORGANIZATION NAME: ____________________________________________________________

DEPARTMENT (if any): ________________________ SUPERVISOR ________________________________

FULL ADDRESS __________________________________________________ TELEPHONE ( ) _______ - _______

E-MAIL ADDRESS: ________________________________ @ ________________________________

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
   ________________________________

(please describe)

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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.