

DUE DATE: _____

LUTHER COLLEGE
THE CAREER CENTER
SELF-EVALUATION BY STUDENT

STUDENT INFORMATION

Name	I.D. Number	Year	SPO
Name of Company/Agency		Site Address	
Supervisor		Title	
Faculty Supervisor		Department	
Work Period (from month/year to month/year)		Course Credit	
Gross Pay (per hour/week/month)	Hours per week	Number of weeks	

Briefly describe your internship duties.

Evaluate your position, performance (including strengths and areas of improvement), and the effect of the experience on your career plans.

I would recommend this site to other Luther students? **Not Applicable** **Strongly Agree** **Agree** **Disagree** **Strongly Disagree**

Student Intern Signature

Date

WHITE COPY – CAREER CENTER

YELLOW COPY – FACULTY SUPERVISOR

PINK COPY – INTERNING STUDENT