

**WRITING INTERNSHIP PROGRAM, ENGLISH 4986:
EVALUATION FORM**

(To be completed by On-site Supervisor and sent to Faculty Sponsor)
Department of English Marquette University Milwaukee, WI 53233
Phone: 414.288.7179 Fax: 414.288.5433

Student Name: _____ MU ID# _____

Company/Organization Name: _____

Professional Supervisor: _____

Date Internship Started: _____ Date Completed: _____

Approximate Total Hours Worked: _____

Significant Accomplishments by Intern

Areas in which Intern Needs Improvement

Performance Rating

_____ Satisfactory _____ Unsatisfactory

Comments on Intern and/or Internship Program

Return Due Date: _____ Signed: _____

TO: Professor _____ Date: _____

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