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: ________________________________
Department of English 
Marquette University 
Milwaukee, WI  53233-1881 
Fax: 414.288.5433

[Revised 04/02]