COLLEGE OF DESIGN

University of Minnesota

Department of Landscape Architecture landarch.design.umn.edu 612-625-6860 phone 612-626-3682 fax

Final Internship Evaluation Form: Student

Please provide an evaluation of your internship experience by completing this form and emailing it to the Director of Undergraduate Studies: ageex004@umn.edu

Name	Internship Dates: Be	gin End
Employer	Internship Supervisor	
Employer Address:		
Job Title: (if any)	Internship Location:	
Travel required: Yes No Paid	Unpaid Other Benefits:	
1. Briefly describe the tasks you undertook dur	ing this internship.	
 How valuable was this work experience to you helping you decide on a future career providing insight into your employer's hearning new skills or techniques helping, integrating, and/or making roughly clarifying your future educational goals 	(in this area or a different area) business or operation elevant the knowledge gained from your cour	
 List the courses and/or leadership opportunit work experience. College of Design Courses/Leadership Opport 	_	
4. What were the strengths of this internship?	The highlights?	
5. How could your internship have been impro	ved?	
6. Would you recommend this site to other stu Why or why not?	idents? Yes No	
 Would you be willing to talk to other studen If yes, please provide your email and/or pho 		