



## CMIS 587 INTERNSHIP EVALUATION FORM

**To the Student:** Complete your portion of this form. Take the form to your internship company supervisor at the end of the semester. Ensure that the form is returned to the MS CMIS Program Director no later than Friday of the week before final examination week.

Your Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Semester (circle one): Fall, Summer, Spring Year: \_\_\_\_\_

Internship Company: \_\_\_\_\_

Internship Supervisor: \_\_\_\_\_

**To the Internship Company and Internship Supervisor:** This is a request for you to complete your evaluation of the student named above for the student's work this academic term as an intern in your department. Please forward the evaluation by U.S. Mail in a sealed envelope with company letterhead and/or logo.

*Mailing address:*

Dr. Clay Williams, Ph.D.  
MS CMIS Program Director  
SIUE Campus Box 1106  
Edwardsville, IL 62026-1106.

*Thank you for sponsoring this internship.*

Please evaluate the student using the 1 to 5 scale where 5 is the highest score and 1 is the lowest score. The numeric evaluations correspond to letter grades of 5=A, outstanding work; 4=B, above average work; 3=C, average work; 2=D, below average work needing improvement; 1=Failing work.

Evaluation Criteria	Score 1 to 5
<b>1. Attendance, timeliness in arriving for work, completed expected number of hours of work.</b>	
<b>2. Quality of work completed.</b>	
<b>3. Quantity of work completed.</b>	
<b>4. Ability to apply learned skills to the internship work environment including the ability to learn new skills and use them successfully on the job.</b>	
<b>5. Appearance in terms of the requirements for dress and deportment within your department.</b>	
<b>6. Overall, I would rate this student's internship performance as:</b>	

Provide any comments that you deem pertinent to the evaluation. You may also wish to provide recommendations for academic training that you would have liked for this student to have completed prior to the internship.

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT OF OUR ACADEMIC PROGRAM!**  
School of Business, Computer Management and Information Systems Department  
Box 1066, Edwardsville, Illinois 62026-1106, 618-650-2504