

Student Internship Evaluation

SUNY Poly Career Services gathers information on your internship experience to create a resource for students seeking internship opportunities. Please return the completed form to careerservices@sunypoly.edu

Student Contact Information

Name: _____ E-mail: _____

Graduation year: _____ Academic major: _____ Academic advisor: _____

Internship Information

Company name: _____

Address: _____ City/State: _____ Industry: _____

Supervisor's name: _____ Department: _____ Title: _____

E-mail: _____ Phone: _____

Your internship title: _____ Weekly salary: _____ Hours per week: _____

How did you find your internship?

Internship Evaluation

Briefly describe the organization.

Describe your responsibilities.

Did the internship meet your expectations? Why or why not?

What aspects of your academic background were helpful during your internship?

Would you recommend this internship to another SUNY Poly student? Why or why not?