

Troy University
Master of Public Administration Program
A. INTERNSHIP EVALUATION FORM

This form will be submitted at the completion of the student internship. The form should be completed and sent to the PA6694 instructor at the following address:

PA6694 Course Instructor: _____

Mail or E-mail Address: _____

The student will not receive academic credit for this internship until this form is received. This form should not be shared with the intern. Thank you for your cooperation and for sponsoring a Troy University MPA student.

Student's Name: _____

Organization _____ Name: _____

Organization _____ Address: _____

Intern's _____ Supervisor _____ in _____ Organization: _____

Supervisor's _____ Phone/Fax _____ No. _____

E-mail Address: _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IN YOUR EVALUATION:

1. Did the student satisfy the requirement to devote 300 hours to your organization?

2. What is this intern's major strength?

3. What is this intern's major weakness?

4. How well did the intern work with others?

5. How well did the intern manage his/her time?

6. Would you consider hiring this intern in the future?

7. Please provide your view of the internship program. If appropriate, please include recommendations for change to improve the program.

Signed: _____
Internship Supervisor

Date