

EVALUATION OF SOCIOLOGY INTERNSHIP (SOC. 497)
DIVISION OF SOCIAL SCIENCES
MINOT STATE UNIVERSITY

Name of Student _____ Date _____
Total Number of Internship Hours Completed By Student _____
Name/Title of Agency Coordinator _____
Name/Phone/Address of Agency _____

Directions: Please comment on the student's performance during the internship. You may include comments on the student's cooperativeness, adaptability, dependability, quality of work, ability to complete assigned tasks and potential for success in future employment or graduate school. Your evaluation will assist the MSU internship coordinator in grading the student on a pass/fail basis. A copy of this evaluation form will be reviewed with the student and placed in their academic file in the Division of Social Sciences.

Signature of Agency Coordinator _____ Date _____

Your cooperation in completing this evaluation is greatly appreciated. Thank-you for all you have done to provide a MSU student with the opportunity to participate in the activities of the agency. Please return this evaluation as soon as possible so that a grade may be submitted to the Student Records Office. Mail the completed form to Dr. Patricia Lomire, Ph.D., Associate Professor of Sociology, Box 171, Minot State University, 500 University Avenue West, Minot, North Dakota 58707. If there are any questions, please call 858-3248.