



Mississippi University for Women
Culinary Arts Institute

FINAL INTERNSHIP EVALUATION

Student's Name _____ Date _____

Business/Sponsor _____

Address _____

Telephone _____ Fax _____

Supervisor's Signature _____

Has the student completed the 240 clock hours required for this internship? _____

Please rate the intern's performance on each of the following
1 = Poor 3 = Average 5 = Excellent

1. How well does the student's training fit the needs of this position? 1 2 3 4 5
Comments: _____

2. How closely does the student follow directions? 1 2 3 4 5
Comments: _____

3. How well does the student take initiative? 1 2 3 4 5
Comments: _____

4. How well does the student accept responsibility? 1 2 3 4 5
Comments: _____

5. How well does the student conduct him/herself professionally? 1 2 3 4 5
Comments: _____

6. In what areas did this student excel? _____

7. In what areas does this student need improvement? _____

Additional Comments: _____

Please mail or fax this completed form to: MS University for Women, Culinary Arts Institute, 1100 College Street MUW 1639, Columbus, MS 39701-5800
Fax: (662) 241-7627