

**NIU Museum Studies Program
INTERNSHIP EVALUATION FORM**

_____, a student in the Museum Studies Program at Northern Illinois University, is completing an internship under your direction. We greatly appreciate the time you have taken to train the student, and we hope that (s)he has been able to assist you in your endeavors. Before we can file a grade for the student, we need verification of internship completion. Please take a moment to complete this form by _____.

1. Has the student's performance been satisfactory? Yes or No (please circle one)
Comments (required if the student's performance is unsatisfactory):

2. Approximately how many hours has the student worked?

3. Would you sponsor another student from Museum Studies at NIU? Yes or No (please circle one). Comments:

4. Please assess the internship program. Has it met your needs? Any suggestions for improvement?

Museum Sponsor Signature

Date

Printed Name

Phone number or email address

If you have any questions, please call _____(NIU faculty sponsor) at this phone number:
_____.

Please return this form to the following address:

NIU Faculty Sponsor
Faculty office address
Northern Illinois University
DeKalb, IL 60115