UNIVERSITY OF LOUISIANA MONROE
Academic Internship Learning Objectives Evaluation

Semester of Internship_____

Due by last day of classes in semester of internship.

Student's Name_____ CWID_____
Employer (company) _____
Supervisor/title_____
ULM Faculty/Staff Advisor_____

LEARNING OBJECTIVES (as stated in Learning Objectives Agreement)

1. **Objective:**_____
_____
Student Evaluation (to what extent did you progress in meeting this objective?):
_____
_____
Work Supervisor's Evaluation (to what extent did your intern progress in meeting this objective?):
_____
_____

2. **Objective:**_____
_____
Student Evaluation (to what extent did you progress in meeting this objective?):
_____
_____
Work Supervisor's Evaluation (to what extent did your intern progress in meeting this objective?):
_____
_____

3. **Objective:**_____
_____
Student Evaluation (to what extent did you progress in meeting this objective?):
_____
_____
Work Supervisor's Evaluation (to what extent did your intern progress in meeting this objective?):
_____
_____

4. **Objective:**_____
_____
Student Evaluation (to what extent did you progress in meeting this objective?):
_____
_____
Work Supervisor's Evaluation (to what extent did your intern progress in meeting this objective?):
_____
_____

5. **Objective:**_____
_____
Student Evaluation (to what extent did you progress in meeting this objective?):
_____
_____
Work Supervisor's Evaluation (to what extent did your intern progress in meeting this objective?):
_____
_____

_____ _____
Student's Signature **date** **Work Supervisor's Signature** **date**

_____
Internship Advisor's Signature **date**