



**INDIVIDUALIZED
MAJOR PROGRAM**

INDIANA UNIVERSITY
College of Arts and Sciences
Bloomington

INTERNSHIP EVALUATION

Please return this form via mail to **Individualized Major Program, Indiana University, Lindley Hall 201D, 150 S. Woodlawn Ave., Bloomington, IN 47405, USA**; via email to **imp@indiana.edu**; or via fax to **(812) 856-2015**.

Please note: This evaluation may be forwarded to the student's faculty sponsor(s) for grading purposes. In cases where the internship constitutes the student's final IMP project, the evaluation will be included in a portfolio for review by faculty who may discuss its contents with the student. We cannot assure the confidentiality of your evaluation. Please call (812) 855-9588 if you have any questions.

Student's Name: _____

Supervisor's Name: _____

Internship Site: _____

Period of Internship: _____

Description of student's responsibilities (attach additional pages if needed):

Evaluation and suggestions for future development (attach additional pages if needed):

Supervisor's signature: _____ **Date:** _____