

**WRITING INTERNSHIP PROGRAM, ENGLISH 4986:  
EVALUATION FORM**

*(To be completed by On-site Supervisor and sent to Faculty Sponsor)*  
Department of English Marquette University Milwaukee, WI 53233  
Phone: 414.288.7179 Fax: 414.288.5433

Student Name: \_\_\_\_\_ MU ID# \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Professional Supervisor: \_\_\_\_\_

Date Internship Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Approximate Total Hours Worked: \_\_\_\_\_

**Significant Accomplishments by Intern**

**Areas in which Intern Needs Improvement**

**Performance Rating**

\_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory

**Comments on Intern and/or Internship Program**

Return Due Date: \_\_\_\_\_ Signed: \_\_\_\_\_

TO: Professor \_\_\_\_\_ Date: \_\_\_\_\_

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