



Economics Internship Program

Department of Economics, MS 3G4, Fairfax, Virginia 22030
Phone: 703-993-1151; Fax: 703-993-1133

INTERNSHIP EVALUATION

(To be filled out by workplace sponsor and returned to the Undergraduate Director at address above)

Date _____

Student Name _____

Duration of internship _____

Workplace Sponsor's Name (include Title) _____

Organization _____

Phone _____ Email _____

1. Briefly evaluate the quality of the students work: (Use the back or attach an additional sheet of paper if desired)
2. Has the quality of the work been at least satisfactory? YES or NO
3. Briefly evaluate the student's workplace behavior:
4. Has the student's behavior been at least satisfactory? YES or NO
5. Based on this experience, would you be interested in working with other GMU Economics students?
6. Please provide any additional comments.

I give permission for my name, company name, and above comments to be used on promotional materials for the internship program.

(Workplace Sponsor Signature) (Date)