INTERNSHIP PROGRAM - ART HISTORY
INTERNSHIP EVALUATION

At the conclusion of the internship, please complete this form and mail, fax, or e-mail it to:

Dr. Glenn Gunhouse
Ernest G. Welch School of Art & Design
Georgia State University
P.O. Box 4107
Atlanta, GA 30302-4107
Main Office Phone: 404-413-5241
Fax: 404-413-5261
E-mail: ggunhouse@gsu.edu

Name of intern:___________________________________________________________

Student ID #:_____________________________________________________________

E-mail address:__________________________________@student.gsu.edu

Name of institution:_______________________________________________________

Name of supervisor:_______________________________________________________

Supervisor’s contact information (phone or e-mail):____________________________

Dates of internship:_______________________________________________________

Evaluation of internship objectives:___________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Numerical evaluation of the intern’s performance (5 as highest quality; 1 as lowest quality)

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional demeanor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public/co-worker interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional comments:______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Supervisor’s Name (printed)               Title

Signature                          Date