On-Campus Staff Member’s Final Evaluation
Internship Program
Department of Animal Sciences
Colorado State University

Student Name: ________________________________________ Date: _________________________

1. In considering the student’s total program what were his/her strong points and weak points?

2. Would you recommend a similar experience for other students? Why or why not?

3. Are we justified in giving university credit for such an experience? Why or why not?

4. Suggestions for improvement and other comments.

Name __________________________________________ Position ___________________________ Date _______________________

Please return to Laura Bonner, Clark Building C Wing, Room 013. Thank you.