

CERTIFICATE INTERNSHIP PROGRAM
Site Feedback Form

PLEASE RETURN COMPLETED FORM TO:
INTERNSHIP COORDINATOR, COMPUTER SCIENCE, JC LONG 216
PHONE # 843.953.6905 FAX # 843.953.8154

Student: _____
Class Year: _____
Semester: _____

Internship Title: _____
Site Supervisor: _____

1. Please check the resources utilized to obtain your internship:

- | | |
|---|--|
| <input type="checkbox"/> CISTERNonline | <input type="checkbox"/> Faculty/ Departmental Referral |
| <input type="checkbox"/> Career Center Referral | <input type="checkbox"/> Self-Developed through Independent Research |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Career Mentor Network |
| <input type="checkbox"/> Career Center's online resources | <input type="checkbox"/> Other: _____ |

2. Describe the **most** and **least** beneficial aspects of the internship:

3. Describe how this experience has impacted (confirmed/altered) your academic or career plans:

4. Were you offered a future internship/part-time job/full-time job with the employer? Specify:

5. Please rate the extent to which your internship met your expectations:

- ☐ Not At All ☐ Somewhat ☐ Met ☐ Exceeded ☐ Greatly Exceeded

6. Please rate the quality of supervision (training, feedback, etc.) that you received at your internship:

- ☐ Poor ☐ Fair ☐ Average ☐ Good ☐ Excellent

7. Please rate your overall satisfaction with your internship:

- ☐ Not At All ☐ Somewhat ☐ Met ☐ Exceeded ☐ Greatly Exceeded

8. Would you recommend this employer to other CofC students: ☐ Yes ☐ No

9. Would you recommend the *Computer Science Internship Program* to other CofC students:

- ☐ Yes ☐ No