Student Evaluation of Internship Experience

Student Name:  
ID:  

Company Name:  

Internship starting date:  
Ending date:  

Working hours per day:  

Supervisor(s) Name:  
Supervisor title:  

The questions below are intended to help the Adnan Kassar School of Business to determine if the student gained practical experience, knowledge, skills, and abilities from the internship experience.

A. Describe the tasks and responsibilities assigned and the practical knowledge gained on-job during your internship period:

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B. Please rate the following questions about your internship using the following scale:

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<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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1. This internship provided me with a realistic preview of my field of interest.
2. I now have a better understanding of concepts, theories, and skills in my course of study.
3. I had regular meetings with my supervisor and received constructive, on-going feedback.
4. My course instructor was available when I had questions/concerns.
5. I was provided with responsibilities consistent with my abilities.
6. I was given additional responsibility as my experience increased.
7. I was treated fairly in comparison with other employees.
8. I had a good working relationship with my coworkers.
9. The work I performed was challenging and stimulating.
10. There were many opportunities for learning.
11. I feel better prepared to enter the world of business after this experience.
C. Through this internship I had the opportunity to use and develop my:

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<tbody>
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<td>1. Interpersonal &amp; team work skills</td>
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D. Overall how would you rate this internship?

☐ Excellent learning experience
☐ Good learning experience
☐ Average learning experience
☐ Below Average learning experience
☐ Poor learning experience

E. Would you recommend this internship to other students?  ☐ Yes  ☐ No

F. Please provide suggestions you may have for future interns who might select this internship and company.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

G. What was your reason for completing an internship? (check all that apply)

☐ University credit  ☐ Practical experience  ☐ Assistance in selection of career direction  ☐ Skills enhancement
☐ Increased self-awareness/confidence  ☐ Potential future employment with internship company
☐ Professional contact/networking  ☐ Other: ________________________________

H. Were you offered a full-time, part-time or permanent position with the organization following the internship?

☐ Yes  ☐ No

I. Was the internship paid?  ☐ Yes  ☐ No

J. If yes, what was your compensation range (Optional)?

Monthly salary:  ☐ above minimum wage LBP 675,000  ☐ less than minimum wage LBP 675,000

K. Was transportation allowance provided to you?  ☐ Yes  ☐ No

Additional comments:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Name: ___________________________  Signature __________________________  Date ________________

Thank you for your feedback.