

Employer Evaluation of Professional Field Experience Program

Please complete this form upon conclusion of the student's professional field. Comment on how the College of Business and Economics may improve the Professional Field Experience Program:

1) With respect to your organization.

2) With respect to the Internship Coordinator.

3) With respect to the faculty sponsor.

4) Other comments and/or suggestions.

Name of Intern _____

Company _____

Company Address _____

Date _____ Semester: _____ Fall (August-December)

_____ Spring (January-April)

_____ Summer (May-August)

Internship Supervisor _____ Title _____

Department _____ Phone _____

Please return this form upon the completion of the student's professional field experience to the address below AND enclose your business card:

**WVU College of Business & Economics
Center for Career Development
P.O. Box 6025, Morgantown, WV 26506-6025**