

IMP Student Internship Evaluation

Please fill out the enclosed form and mail to: **Assistant Director, Individualized Major Program, Indiana University, Ballantine Hall 129, Bloomington, IN 47405, USA.**

Alternatively, you may e-mail the information to *imp@indiana.edu* or send it by fax to (812) 856-2015. Please call (812) 855-9588 if you have questions or concerns.

Student's Name: _____

Supervisor's Name: _____

Period of Internship: _____

Internship Site: _____

Description of student's responsibilities:

Evaluation and suggestions for future development:

Supervisor's signature _____ **Date** _____