

Company Feedback Form

Intern Name: _____ Company: _____

Supervisor Name: _____ Date: _____

Please give a brief answer to the following questions

Was the student properly prepared for the internship (academically and professionally)?

Did the student meet or surpass your expectations?

How did the student relate to coworkers?

What skills do you wish the student had which he/she did not have?

Would you hire this student, or one comparable, permanently, if an opening existed?

How can the Food Science Department improve the internship program?

Please return this form to:

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