

**University of Virginia ❖ Department of Media Studies
Internship Sponsor Evaluation Form**

Please complete the following form and return it to the student or, if you prefer you may mail or email it to the address below.

Student's Name: _____

Your Name: _____

Your Company/Organization: _____

Dates of Internship: _____

Did the intern meet the goals set in the original agreement? **YES** or **NO**

Did the intern perform the expected tasks? **YES** or **NO**

Was the intern prompt and professional with regard to time commitments and other expectations?

YES or **NO**

Please provide a brief written assessment of the intern's overall performance.

Would you be willing to take on another intern from the University of Virginia's Media Studies Program? **YES** or **NO**

May we list your name as the contact person for another student interested in interning with your organization? **YES** or **NO**

Sponsor's Signature: _____

Thank you for hosting our intern and taking the time to complete this form.

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