

The Design School  
Masters Internship Program

**STUDENT EVALUATION OF FIRM**

**(PLEASE PRINT)**

Student Name: \_\_\_\_\_ Student ASU ID #: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_ Firm Telephone #: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Intern Dates: \_\_\_\_\_ to \_\_\_\_\_

1. Do you believe the objectives of this internship have been fulfilled? Yes  No

Comments:

2. List the primary activities in which you participated during your internship:

3. What advice would you give to a student who does their internship with this firm in the future?

4. What advice/suggestions would you give to The Design School to improve the Internship Program?

\_\_\_\_\_  
Student Intern's Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO:** [designgrad@asu.edu](mailto:designgrad@asu.edu)