SURP-893 INTERNSHIP

Information in this report will be kept confidential	al, and only reviewed by SURP faculty and	staff.
NAME:	DATE:	
Faculty Advisor (who signs your study plan)		
What organisation was the internship with?		
Address:		
City and Postal code: Web site:		
What was your job title?		
Name of your supervisor?		

program?			ence and the theories and protection theories or tools from your
Was the inte	ernship Volunteer?	or Paid? (wh	at rate per hour? \$)
How would	you evaluate your intern		
(excellent ex	2 3	4 5 (waste of t	ime)
(CACCHOIL CA	iperionec)	(Waste of t	
Would you why		ation to another SURP stud	lent for an internship?
Signatures:	Student		
EVALUAT			
EVALUAT Date Report	ION (Faculty) Submitted:		
EVALUAT	ION (Faculty) Submitted:		
EVALUAT Date Report Date Report	ION (Faculty) Submitted: Evaluated:		
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