# SOUTHERN UTAH UNIVERSITY
## DEPARTMENT OF COMPUTER SCIENCE AND CYBERSECURITY
### INTERNSHIP APPLICATION FOR CSCY 4890

A.  This CSCY 4890 is the internship designation for the CSCY Department.

B.  Grading is pass/fail. The student must have a supervisor who is willing to evaluate his/her performance and provide feedback.

C.  Approval for an internship may be granted

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G.  CSCY DEPARTMENT

APPROVAL Internship Coordinator _____ Date _____

Signature Assigned Section Number _____

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H.  INTERNSHIP COMPLETION

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# INTERNSHIP PERFORMANCE MIDTERM EVALUATION FORM

*This form is to be completed by the Internship Supervisor*

*Southern Utah University*

CSCY Department

INTERN'S NAME: _____ DATE: _____

COMPANY/ORGANIZATION: _____

# INTERNSHIP PERFORMANCE FINAL EVALUATION FORM
*This form is to be completed by the Internship Supervisor*
*Southern Utah University*
CSCY Department

INTERN'S NAME: _____ DATE: _____

COMPANY/ORGANIZATION: _____

SUPERVISOR'S NAME: _____

1. Total number of hours the intern worked: _____

2. Please rate each of the following aspects of the intern's performance
   1-Poor, 2-Below Average; 3-Average, 4-Above Average, 5-Excellent

   Punctuality                          Dependability
   Quantity of Work Accomplished        Enthusiasm
   Quality of Work Accomplished         Ability to Think/Act Independently
   Willingness to Learn                 Ability to Get *Along* with Others
   Skills

3. Please rate each of the following skills (as applicable) that were used by the intern.
   1-Poor, 2-Below Average, 3-Average, 4-Above Average, 5-Excellent

   Research Writing                     Workshop Facilitation
   Layouts                              Inderdepartmental Relations
   Communication                        Administrative/Organizational
                                        Other (please specify) _____

4. Would you utilize this student again as an intern? _____

5. Please use this space to make any additional comments that you feel are appropriate about this intern. Indicate any particular strengths/weaknesses. (Please use the back of the page if necessary.) _____
   _____
   _____
   _____
   _____

Intern Supervisor Signature: _____

Please retain a copy of this form and return the *original* to the intern, or mail it directly to the CSCY