

Placement Department
Mohammad Ali Jinnah University, Karachi



Student Internship Feedback Form

Student Contact Information

May other students contact you regarding this internship? Yes No

Name: _____ Student ID: _____

Contact Number: _____ Email: _____

Duration of internship: From _____ to _____ Semester of internship _____

Internship Contact Information

Company: _____ Department: _____

Supervisor's Details:

Name: _____ Designation: _____

Contact Number: _____ Email: _____

Questions (How did you find this internship?)

These questions are designed to help students currently looking for internship opportunities learn more about whether this particular experience will be valuable to them. Please answer these questions honestly and thoughtfully. Rate the statement below using the following key:

5= Strongly Agree 4= Agree 3= Neutral 2= Disagree 1= Strongly Disagree NA= Not Applicable

This experience gave me a realistic preview of this career field.	5	4	3	2	1	N/A
As a result of my internship, I have a better understanding of concepts, theories and skills in my case of study.	5	4	3	2	1	N/A
I was given adequate training or explanation of projects.	5	4	3	2	1	N/A
I had regular meetings with my supervisor and received constructive, on-going feedback.	5	4	3	2	1	N/A
I was provided level of responsibility consistent with my ability and was given additional responsibility as my experience increased.	5	4	3	2	1	N/A
My supervisor was available and accessible when I had questions / concerns.	5	4	3	2	1	N/A
The work I performed was challenging and stimulating.	5	4	3	2	1	N/A
I was treated on same level as other employees.	5	4	3	2	1	N/A
I had a good working relationship with my coworkers.	5	4	3	2	1	N/A
There were ample opportunities for learning.	5	4	3	2	1	N/A
I feel that I am better prepared to enter the world of work after this experience.	5	4	3	2	1	N/A

Was the internship paid? Yes No

Did you receive any other form of compensation? Stipend Meals Other _____

Were you offered a full time/permanent position with the organization providing the internship? Yes No

Would you recommend this internship to other students?

- | | |
|--|--|
| <input type="checkbox"/> Highly Recommended | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with reservations | <input type="checkbox"/> Would not recommend |

What suggestion would you give to students who may intern at this organization in future?

What recommendation would you give to the employer for future internships?

Has this internship simulated your interest in the field? Why or why not?

Additional Comments by intern

Supervisor's Comments & Recommendation for future interns

Student Signature & date: _____

Supervisor's Signature & date: _____