

**University of Southern Maine  
Department of Art**

**Internship in the Visual Arts Student Evaluation Form**

Name of Student Intern \_\_\_\_\_

Name of Sponsor Institution \_\_\_\_\_

Name of Individual Supervisor \_\_\_\_\_

Dates of Internship \_\_\_\_\_

Number of hours per week student spent at internship \_\_\_\_\_

Number of week's student spent at internship \_\_\_\_\_

Description of activities performed during your internship \_\_\_\_\_

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Describe what you learned from your internship \_\_\_\_\_

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\_\_\_\_\_  
Signature of Student Intern

\_\_\_\_\_  
Date

*(Please note back page)*

