



## CEDC INTERNSHIP PROGRAM

Lehman College, Career Exploration & Development Center (CEDC)  
250 Bedford Park Blvd. West, Shuster Hall 254, Bronx, NY 10468  
718-960-8366 Office

### STUDENT EVALUATION OF INTERNSHIP SITE

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Major: \_\_\_\_\_

Site Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Semester of Internship:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  Winter \_\_\_\_\_

1. Briefly describe the work you did and/or the training you received. \_\_\_\_\_

\_\_\_\_\_

2. What is your overall evaluation of the organization in terms of the education and training you received? In what ways was it satisfactory and in what ways was it unsatisfactory? \_\_\_\_\_

\_\_\_\_\_

3. Would you recommend this internship to other students?  Yes  No

Why or why not? \_\_\_\_\_

\_\_\_\_\_

4. How helpful was the Career Exploration & Development Center in assisting you to identify internship opportunities?

Very Helpful       Helpful       Somewhat Helpful       Not Helpful

Please explain. \_\_\_\_\_

\_\_\_\_\_

5. Are you interested in seeking another internship for the following semester?       Yes       No

6. Do you grant the Career Exploration & Development Center permission to publicize excerpts of this evaluation on its website or related materials?  YES  NO

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

**NOTE: ATTACH AN UPDATED COPY OF YOUR RESUME WITH THIS FORM**  
**RETURN FORM AND RESUME TO THE CAREER EXPLORATION & DEVELOPMENT CENTER IN SHUSTER HALL, ROOM**  
**254 OR EMAIL TO LUISIANA BAEZ-CANELA, INTERNSHIP SPECIALIST AT**  
**LUISIANA.BAEZCANELA@LEHMAN.CUNY.EDU. ANY QUESTIONS CALL US AT 718-960-8366.**