

GRADUATE EXTERNSHIP STUDENT EVALUATION

**Please return to: Graduate Program Director, School of Journalism
The University of Montana, Don Anderson Hall 201
32 Campus Drive, Missoula, MT 59812
FAX (406) 243-5369**

You will not receive credit until this form is completed and returned.

Student's Name: _____

Company or Organization: _____

Position: _____

Dates: _____ to _____

Compensation: volunteer / stipend / hourly wage / other: _____

Please briefly describe your externship.

Please evaluate your externship. What did you learn?

(Please continue on next page)

GRADUATE EXTERNSHIP STUDENT EVALUATION

Would you recommend this externship to others? Yes: No:

Why/why not?

What tips do you have for other graduate students seeking externships?

Signatures:

Student: _____ Date: _____

Faculty Adviser: _____ Date: _____