INTERN EVALUATION FORM

This form is to be completed by the intern's supervisor and returned to the Intern Coordinator either by mail (Division of Film and Media Arts, PO Box 750113 Dallas, TX 75275-0113) or by fax (214 768-2784).

Student: _____ Supervisor:_____

Please indicate which period this evaluation covers: ☐ Midterm ☐ Final

Approximate hours worked to date:_____