UCLA Anderson School of Management

UNDERGRADUATE ACCOUNTING MINOR PROGRAM

MANAGEMENT 195

INTERN EVALUATION

Date: _____

Intern's Name: _____

Company: _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervising Department: _____

Intern's Title: _____

Description of Intern's Job Responsibilities:

_____

_____

_____

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_____

Performance Evaluation:

Please note that if you mark "poor," the student will not pass Management 195.

- ☐ Excellent
- ☐ Good
- ☐ Moderate
- ☐ Poor

Date Internship Began: _____

Date Internship Ended: _____

Supervisor's Signature: _____

Contact Email: _____

Supervisor's Instructions:

Please email the completed evaluation form to Sheryl Jacobson at the following email address: sheryl.jacobson@anderson.ucla.edu Evaluations are due at the end of the internship. If we do not receive this form, the student will receive NO PASS for this course.

If your company has a policy prohibiting the completion of this form, such as the use of your own evaluation form, please complete all the sections on page 1 of this form, sign page 2 and attach this form to your company's evaluation form. If you have any questions, please call the Undergraduate Accounting Minor Program Office at (310) 206-8711.