

POST-COOPERATIVE EDUCATION INTERNSHIP/ POST-ACADEMIC TRAINING REPORT

DIRECTIONS: Students who participate in cooperative internships with Curricular Practical Training (CPT) or Academic Training (AT) authorization must submit this form to our office no later than the first day of Fall quarter.

STUDENT TRAINEE & INTERNSHIP INFORMATION

Name: _____ UCSD Student ID: _____

UCSD Major/Academic Department: _____

Company Name: _____ Training Start & End Date: _____

Company Address/City/State/Zip Code: _____

Training (Check one): Full-Time (21+ hours) Part-Time (20 hours or less)

EVALUATION

Please rate your internship experience on the following aspects:

Utilization of your knowledge and experience

- Very Good
- Good
- Acceptable
- Poor
- Very Poor

Exposure and access to scientific equipment

- Very Good
- Good
- Acceptable
- Poor
- Very Poor

Technical interaction with mentor/supervisor

- Very Good
- Good
- Acceptable
- Poor
- Very Poor

Learning experience

- Very Good
- Good
- Acceptable
- Poor
- Very Poor

Treatment by employer as member of a team

- Very Good
- Good
- Acceptable
- Poor
- Very Poor

Field experience provided

- Too little
- About right
- Too much

Overall Rating:

- Very good Good Acceptable Poor Very Poor

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INTERNSHIP EXPERIENCE

TASKS: What were the major projects that you were assigned? What was the approximate duration of each activity? How were you able to complete those projects and tasks that were requested of you?

GENERAL OBSERVATIONS: List at least 5 things you learned in the internship.

INTERNSHIP VALUE: How did the academic coursework/experience at UCSD prepare you for the training?

How do you think the training will benefit you in reaching your academic and career goals?

Please provide any additional comments about your overall experience:

ADVISOR CERTIFICATION

Department or Faculty/Academic Advisor: _____ Title: _____

Advisor Signature: _____ Date: _____