

# Employer's Intern Evaluation Form

University of Central Missouri

S F K R R O R I 7 H F K Q I

Technology Internship

1 6 7 5 8 & 7 , 2 1 6 K H Q W H U X S H U V K R R Q G H F H M L D Q M D M Y W E H E P S D U L Q J  
Z L V R K V K R H D W L P L D F D D U G I O P H L Y T H O T X L Y M B E H Q M S R Q V R E L O K K W L R K D V Q G L Y L G X D  
V W D Q G D U G V 3 O H D V H F R P S O H W H E R W K S D J H V R I W K L V H Y D O X D

Intern name:

Overall Grade for Internship (place an X in the blank above the assigned letter grade)

**Return to:**

techinterns@ucmo.edu

**Intern's name:** \_\_\_\_\_

The personal qualities