

Section I (To be filled out by intern)

Name:					
LSU ID:					
Date of internship:					
Section II (To be filled out by intern's co	ompany/organization s	supervisor)			
Supervisor:					
Name:					
Position:					
Telephone:	Ext:	Fax:			-
Email:					
Company:					
Name:					
Street Address:					
Suite/Division:					
City:			_ State:	Zip:	
Country:					

Please Complete Intern Evaluation on Other Side

(You may write and sign on company letterhead if desired.)

Please indicate the following:

Approximate total hours worked by intern during semester: _____

Training, tasks, projects, duties, and/or relevant work done by intern:

A brief evaluation of the intern's performance:

Signature:

Date: _____

Return this completed form to:

Internship Supervisor Department of Economics E. J. Ourso College of Business 2300 Business Education Complex Louisiana State University Baton Rouge, LA 70803 Phone: 225-578-3516 Fax: 225-578-3807 Email: abyssean@lsu.edu If a name is written in, this person is the LSU evaluator of the intern whose name appears on this report.