

Student Self-Analysis of Internship Experience

Name _____	Year @ CofC: Fr ___ So ___ Jr ___ Sr ___
Address _____	
Street	City
State	Zip
Phone _____	Email _____
Secondary Contact _____	Relation _____ Phone _____

Major (if applicable) _____	Minor _____
Faculty Advisor _____	Email _____

1. Describe the learning objectives for your internship.

2. Explain how you achieved each learning objective and how each one is significant to your development as a learner.

