

University of Arizona
School of Information Resources and Library Science

Student Intern/Practicum Appraisal Form

Name of Student: _____

Internship/Practicum Site: _____

Semester and Year (e.g., Spring 2006): _____

Thank you for your support of the School of Information Resources and Library Science Individual Studies Program! We hope you and your student had a productive and enjoyable experience. Please provide an appraisal of your student's work performance in the space provided below. Appraisals are kept confidential, with the privilege of review extended to the student intern with your prior permission.

At the end of the semester, please complete and sign this form and send to the attention of **Karen H. Bell**, Coordinator, Individual Studies, by fax at (520) 621-3279 or mail to School of Information Resources and Library Science, University of Arizona, 1515 East First Street, Tucson, AZ, 85719.

Again, thank you for your support.

Grade (Please select one): (S) Superior (P) Passing (NP) Not Passing or Fail

Comments:

Site Supervisor

Date