

NC Pork Council Student Internship Program

Student Intern Evaluation Form

To be filled out by **student intern** at the completion of the internship.

Student Intern Name: _____

Address: _____

Pork Producer sponsor: _____

Dates of internship: _____

Intern's Job description: _____

Please answer the following questions and give a short explanation for your answer.

Did program meet your expectations? _____

Would you recommend this program to other students? _____

What suggestion(s) do you have to make this a better program? _____

Did this experience make you want to consider pursuing a career in the pork industry?
