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? ____________________

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

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