

HOFSTRA UNIVERSITY
DEPARTMENT OF AUDIO/VIDEO/FILM - SCHOOL OF COMMUNICATION
FACULTY SITE EVALUATION

Please complete the following site evaluation form. This information will better help me to evaluate the site for use within our program.

Your Name _____

Student interning at site _____

Semester of internship _____

Site Supervisor _____

Site Supervisor Contact Phone _____ Email _____

Would you recommend the site? (Circle one) YES NO

EVALUATION: (Please include information about site opportunities, contact availability, mentoring and overall perspective regarding the internship and use of student).

Please return with the student internship folder upon completion of the Internship to:
PROFESSOR DOUGLAS MORROW
DIRECTOR - INTERNSHIP PROGRAM
DEPT. OF AUDIO/VIDEO/FILM
ROOM 417 NAB / MAILBOX ROOM 149 DEMPSTER
516-463-6576 OR AVFDAM@HOFSTRA.EDU