

HOFSTRA UNIVERSITY
DEPARTMENT OF RADIO/TELEVISION/FILM - SCHOOL OF COMMUNICATION
RTVF 170 STUDENT EVALUATION

This evaluation will be read by your fellow students

Your Name (optional) _____

Semester of Internship _____

Internship Site _____

Site Supervisor _____

Supervisor Contact Phone _____ Email _____

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

EVALUATION: (Please include information about your objectives, opportunities, site mentoring and overall perspective regarding the internship).

**Please return or email to:
PROFESSOR DOUGLAS MORROW
DIRECTOR - INTERNSHIP PROGRAM
DEPT. OF RADIO/TELEVISION/FILM
ROOM 417 NAB HOFSTRA UNIVERSITY
516-463-6576 OR DOUGLAS.A.MORROW@HOFSTRA.EDU**