

Project Evaluation Form
LAS 681 Latin American Studies Graduate Internship
University of Louisville
Graduate School

Student Information (Please Print)

Last Name	First Name	Middle Initial	Student ID Number
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Local Street Address	U of L Email Address
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City, State, Zip	Phone (home/work)
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Permanent Street Address

City, State, Zip

Year _____ Term _____ Credit Hours _____	LAS	681	01	
	Dept. Code	Course	Section	

Course Title/Description (to appear on student's transcript, limit of 24 total spaces)

LAS Graduate Internship _____

Internship Site _____

Supervisor's Assessment of Internship:
Please attach a signed letter of evaluation on organization letterhead.

Name of Site Supervisor (please print)

Supervisor's Signature

Date

Please return this form in a sealed envelope along with the letter of evaluation to the student. Please sign the back of the sealed envelope. Thank you.