Instructions: You complete and return FM02 at the start of the internship (only once for the entire internship). Download this file and "Save As" to a file: FM02-Your last name-First name.doc Open the saved file with MS word, fill in the fields with relevant information and save. Submit the saved file as an attachment sent to ecscoop@csun.edu The subject line of the email should be FM02-Your last name-First name



Honors Co-op Initial Internship Evaluation Report

| Last name: | | | First name: | | |
|--|---------------|------|---------------------|--------|-----------------|
| Major: | CSUN ID: | | Semester: | | Date: |
| CSUN email: | | | | | |
| Home street address: | | | | Apt #: | |
| Home City: | Zip: | | | | |
| Home Phone: | | | Cell: | | |
| Work Phone: | | | Work email: | | |
| Company name: | | | Supervisor's name: | | |
| Supervisor's Phone: | | | Supervisor's email: | | |
| | | | | | |
| The title of your position: | | | | | |
| Hourly Pay Rate: | | | | | |
| Check if the company provides any of the following for you | | | | | |
| Health Insurance | Paid vacation | Paid | id holidays Tuiti | | n reimbursement |
| Summarize your work experience for this semester. Don't include work from previous semesters | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Any other comments (Optional): | | | | | |
| | | | | | |
| | | | | | |