BIWEEKLY INTERNSHIP AND COOPERATIVE WORK EXPERIENCE REPORT
ARKANSAS STATE UNIVERSITY

(To be completed by student every other week)

Name: __________________________ Faculty Supervisor

Month: __________________________ Week ___ of ___  (EXAMPLE 2 OF 14)

Normal Working Hours? from ___ to _________ Number of Hours Worked Last Two Weeks

If your address, phone number, immediate supervisor, or work location has changed since your last report, please include on the back.

1. List your job duties for the past two week. Put a * by the ones which you have not done before. Put an X by those not in your internship agreement.

2. Are you experiencing a relevant and challenging use of your abilities? Explain in terms of training received, responsibilities given, and your professional growth.

3. Briefly describe any incident(s) which left you with a favorable or unfavorable impression with regard to your job:
Favorable:

Unfavorable:
4. What have you learned in the last two weeks about the firm or agency for which you work that you didn't know last week?

5. What additional perceptions have you gained regarding your job (i.e., its importance to the employer, its scope, its relationship to other operations, the results of your work, etc.)?

6. How do you feel your experience to date has helped you to gain a better understanding of your area of interest?

7. Are you satisfied with the communication and contact which you have with your on-the-job supervisor?

8. Describe the progress to date on your special project.

9. Is there any way in which your faculty supervisor can be of additional help to you?

*This form must be completed and returned to your faculty supervisor seven days after completion of the second week.*

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