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Stuart School of Business
 Career Management Center
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**CURRICULAR PRACTICAL TRAINING (CPT):
 INTERNSHIP
 EMPLOYER EVALUATION**

Completion of this form is essential:
 For student to receive maximum benefit from the work experience.
 To determine renewal eligibility.

PURPOSE:

(Student to complete this section – Please print legibly):

FIRST NAME: _____ LAST NAME: _____ NICKNAME: _____

STUDENT ID NUMBER: _____

EMPLOYER INFORMATION

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OVERALL EVALUATION

GROWTH AND FUTURE DEVELOPMENT

