CSTEP Research/Internship Evaluation Form

Name: ____________________________

☐ Research
☐ Internship

Supervisor/Advisor Name: ____________________________

Class Associated With: __________

Where was your research/internship experience?: __________

What research field was your research/internship?

☐ Engineering & Applied Sciences  ☐ Physical Sciences
☐ Life Sciences  ☐ Mathematics
☐ Medical & Health Sciences  ☐ Non-STEM Discipline

Brief description of research/internship experience:
_______________________________________________________________________
_______________________________________________________________________

Would you recommend this event to another student?
_______________________________________________________________________
_______________________________________________________________________

Total Hours: _________