

**MID-TERM PROGRESS REPORT**

To be completed by the student:

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Telephone number and e-mail address

\_\_\_\_\_  
Venue

\_\_\_\_\_  
Name of on-site internship supervisor.

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To be completed by the on-site supervisor:

Briefly describe the student's duties as well as skills acquired thus far in the internship.

Does the student initiate projects and/or suggest ideas?

Are there any areas for improvement in any category, from punctuality to professionalism?

Other comments?

We would appreciate your returning this form (email or fax) by the midpoint of the current semester.

Christine Lasek-White, Internship and Career Coordinator for the Humanities  
254 Park Hall, University of Georgia  
Athens, GA 30602  
Email: [cmlwhite@uga.edu](mailto:cmlwhite@uga.edu)