

Mississippi State University International Business Program

Internship Supervisor's Completion Certificate

Student's Name: _____ Student's Start Date: _____

Company Name: _____ Completion Date: _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Contact Telephone: _____

1. Please sign below to certify that the above-named student has completed an internship of not less than ten weeks.

Name: _____ Date: _____

2. Evaluate the student's performance on the job using the following criteria. **Check (√) one per question.**

Question	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
a) Student showed ability to analyze and integrate information to solve problems and make decisions.						
b) Student demonstrated proficiency in information technology.						
c) Student demonstrated proficiency in written communication skills.						
d) Student demonstrated proficiency in spoken communication skills.						
e) Student demonstrated an understanding of ethical and legal consequences of business decisions.						
f) Student exhibited an understanding of interpersonal and team dynamics.						
g) Student demonstrated an awareness of cultural and demographic diversity.						

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3. Overall, this intern's performance was (check one):

- ☐ Excellent. He or she performed assigned tasks in a manner that **exceeded your expectations.**
- ☐ Satisfactory. He or she performed assigned tasks in a manner that **met your expectations.**
- ☐ Unsatisfactory. He or She performed assigned tasks in a manner that **did not meet your expectations.**

4. General Comments:

5. Please return both pages of this form to:

Dr. Travis Wiseman via e-mail at twiseman@business.msstate.edu
and copy Taylor Watson at twatson@business.msstate.edu