

Internship Host Organization Annual Survey

We appreciate your organization hosting one or more internships for Missouri Western State University over the course of the past academic year August 202X - July 202Y. As part of our efforts to continuously improve, we are asking for your feedback related to these internships. Please send the completed survey to the Griffon Office of Applied Learning at goal@missouriwestern.edu

Name of your organization:					
Name and title of person completing this survey:					
How many interns, collectively, did your o 202Y? 1 2 3 4 5 or more	rganization ho	st during the t	ime period A	ugust 202X -	- July
Please identify the compensation model that interns operated under. Unpaid Paid A mixture of unpaid and paid Please indicate your level of satisfaction with each of the following:					
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of student preparation for the internship experience.					
Communication with MWSU personnel.					
Clarity of MWSU internship expectations.					
Number of hours that interns were expected to work.					
How likely is it that you would host an MWSU student as an intern in the future? Very Unlikely Somewhat Likely Very Likely					

Please provide any feedback or suggestions you might have to improve the MWSU Internship Program.