

Instructional Design and Technology Program
IDT 620 Internship

IDT 620 Evaluation of Internship Experience by Intern

Name: _____ Date: _____

Internship Location: _____

On-Site Mentor: _____

Signature of Intern: _____

Please mail to: IDT Program Coordinator, Department of Engineering Technology, Knoblauch Hall 135,
1 University Circle, Macomb, IL 61455