**ERNSHIP GUIDELINES** 

**Employer Signature** 

## Department of Landscape Architecture

## **EMPLOYER EVALUATION FORM (EEF)**

Student must have employers complete the following form in order to gain credit for professional internship. Employers should submit this form to the Department of Landscape Architecture via mail or email. Department of Landscape Architecture Texas Tech University Plant Soil Science Rm 150 2907 15th St., Lubbock TX 79409 806.834.2858 larc.admin@ttu.edu **Participant Information** Name of Student: \_\_\_\_\_ Employer Firm: Employer Address: Employer Phone: Employment Information:

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Please check one: \_\_\_\_ Full Time \_\_\_\_\_ Part time \_\_\_\_\_ Hrs./Week

Supervisor: \_\_\_\_\_ Licensed Practitioner and Type of Licensure: **Description of Intern Duties: Intern Evaluation:** Please evaluate the student intern strengths and weaknesses related to work duties. Additional comments may be made on the back of this sheet.

Date