

**STUDENT END-OF-INTERNSHIP**

**REPORTING FORM**

**HARVARD BIOPHYSICS**

 **Graduate Program**

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| **S****tudent** **Name:** |       |  | **Organization Name:** |       |
| **Dates of Internship:** |       |  | **Organization Address:** |       |
| **Internship Mentor/ Supervisor:** |       |  | **Internship Supervisor** **Contact Information:** | Email:      Phone:       |

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| **Please Complete the Following Questions on Completion of Your Internship Experience:** |

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| **What were your overall goals in carrying out this internship?** |
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| **What were your technical goals for this internship experience?** |
|       |
| **What were your professional development goals for this internship experience?** |
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| **What were your clinically relevant goals for this internship experience *(if applicable)?*** |
|       |
| **Please describe the mentoring you received during the internship:**  |
|       |
| **Please describe when and how you received feedback:** |
|       |
| **What did you accomplish during this internship?** |
|       |
| **How did your accomplishments during your internship contribute to the organization?** |
|       |
| **Did you contribute to any intellectual property with the organization?** |
|       |
| **Describe any areas in which you did not achieve the desired outcome(s) and why not:** |
|       |
| **How has your internship impacted your plans for the remainder of your graduate student career, and your future career plans?** |
|       |
| **Graduate Student:**      | **Signature:**      | **Date:**      |
| **Return Form To: Michele R. Eva (****Michele\_jakoulov@hms.harvard.edu****)****Harvard Biophysics Graduate Program****Seeley G. Mudd Bldg., Room 204c, 250 Longwood Ave., Boston, MA 02115****617-432-3802** |