



# HARVARD BIOPHYSICS

## Graduate Program

### STUDENT END-OF-INTERNSHIP REPORTING FORM

<b>Student Name:</b>	
<b>Dates of Internship:</b>	
<b>Internship Mentor/ Supervisor:</b>	

<b>Organization Name:</b>	
<b>Organization Address:</b>	
<b>Internship Supervisor Contact Information:</b>	Email: Phone:

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

**What Were Your Overall Goals in Carrying Out This Internship?:**

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**What Were Your Technical Goals For This Internship Experience?:**

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**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*)?:**

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**What Did You Accomplish During This Internship?:**

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**How Did Your Accomplishments During Your Internship Contribute To The Company?**

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**Describe Any Areas In Which You Did Not Achieve The Desired Outcome(s) And Why?:**

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**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](mailto:Michele_jakoulov@hms.harvard.edu))  
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