

**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?** | | |
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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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| **Please describe the mentoring you received during the internship:** | | |
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| **Please describe when and how you received feedback:** | | |
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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 organization?** | | |
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| **Did you contribute to any intellectual property with the organization?** | | |
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| **Describe any areas in which you did not achieve the desired outcome(s) and why not:** | | |
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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)**)**  **Harvard Biophysics Graduate Program**  **Seeley G. Mudd Bldg., Room 204c, 250 Longwood Ave., Boston, MA 02115**  **617-432-3802** | | |