



HARVARD BIOPHYSICS

Graduate Program

STUDENT END-OF-INTERNSHIP REPORTING FORM

Student Name:	
Dates of Internship:	
Internship Mentor/ Supervisor:	

Organization Name:	
Organization Address:	
Internship Supervisor Contact Information:	Email: Phone:

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

What were your overall goals in carrying out this internship?

What were your technical goals for this internship experience?

What were your professional development goals for this internship experience?

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)
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