

**STUDENT OBSERVATION #2: PGM INTERNSHIP**  
**Professional Golf Management Student Co-op Internship Program**  
**The Ohio State University**  
**Columbus OH 43210**

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Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Golf Facility Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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This evaluation must be completed and submitted to the PGM Internship Coordinator before the start of the next quarter. The responses on this evaluation will not affect your final grade, only completion.

How would you rate your overall internship experience at this facility? Explain why.  
5 – Excellent 4 – Good 3 – Fair 2 – Poor 1 - Unsatisfactory

How would you rate your success in learning/completing the PGA/PGM Work Experience Activities? Explain why.  
5 – Excellent 4 – Good 3 – Fair 2 – Poor 1 – Unsatisfactory

How often did you work with your immediate supervisor to discuss PGA/PGM Work Experience Activities? Explain why.  
5 – Very Often 4 – Often 3 – Sometimes 2 – Rarely 1 - Never

What did you enjoy most about your internship experience?

How could your internship experience have been improved?

Describe your immediate supervisor's participation in the internship. (i.e. Mentor, Supporter, etc.)

Would you recommend this internship site to another student? Why or why not.

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**RETURN TO:**

**TIM KERR**  
**INTERNSHIP COORDINATOR**  
**PROFESSIONAL GOLF MANAGEMENT PROGRAM**  
**335G HOWLETT HALL**  
**2001 FYFFE COURT**  
**COLUMBUS OH 43210**