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

Student’s Name: ________________________________ Phone: __________________

Golf Facility Name: ______________________________________________________________________

Supervisor’s Name: _____________________________ Date: ______________________

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.

RETURN TO:

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

REV. OSU PGM (6/10)