

HOFSTRA UNIVERSITY  
DEPARTMENT OF RADIO/TELEVISION/FILM  
SCHOOL OF COMMUNICATION  
**FACULTY SITE EVALUATION**

Please complete the following site evaluation form. This information will better help me to evaluate the site for use within our program.

Your Name \_\_\_\_\_

Student interning at site \_\_\_\_\_

Semester of internship \_\_\_\_\_

Site Supervisor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Would you recommend the site? (Circle one) YES      NO

EVALUATION: Please include information about site opportunities, contact availability, mentoring and overall perspective regarding the internship and use of student.

Please return to Douglas A. Morrow

[douglas.a.morrow@hofstra.edu](mailto:douglas.a.morrow@hofstra.edu)