This form must be signed by: INSTRUCTOR STUDENT



Internship Site Visit Report

			Term/Year:	
Course Prefix	Course No.	Course Title		
Student/Employe	e:		Student ID:	
Job Title:				
Employer's Addr	ress:			
Observations con	cerning student:			
Observations con	cerning employer:			
Additional comm	ents:			
CFK Subject Matter	Expert Signature	Student S	Signature	
	1		<i></i>	
Date		Date		