

U of I PGM Internship Exit Interview

Student Name: _____ **PGA/PGM #** _____

Internship Facility: _____

PGA Professional/Supervisor: _____

Dates Completed: _____

Areas of Concern: _____

Potential Internship Sites/Geographic Locations:

1. _____

2. _____

3. _____

4. _____

I acknowledge that I met with the PGM Internship Coordinator and reviewed all aspects of my previous internship and discussed potential locations for the next internship placement. I am aware of all deadlines associated with the Work Experience Kit and know the internship grade reflects the completion of the Kit and all internship evaluations.

PGM Student Signature

Date

PGM Internship Coordinator

Date