

**UNIVERSITY OF NORTH TEXAS**  
**Department of Library and Information Sciences**

**HEALTH INFORMATICS INTERNSHIP/FIELD EXPERIENCE SITE EVALUATION**

\_\_\_\_\_

Date

\_\_\_\_\_

Student Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name/Initial

\_\_\_\_\_

Student Phone

\_\_\_\_\_

Student Email Address

\_\_\_\_\_

Site Supervisor

\_\_\_\_\_

Site Name

\_\_\_\_\_

Site Address

**Description of the site:**

**Overall experience of the internship:**

**Suggestions for future internships at this site (if any):**

**Send to:**

Attn: Health Informatics Internship/Field Experience Director  
University of North Texas  
College of Information, Library Science, and Technologies  
Department of Library and Information Sciences  
1155 Union Circle #311068  
Denton, TX 76203-5017

**Or fax to:** 940-565-3101. (Voice: 940-565-2445).