## 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			
<b>Description of the site:</b>			
Overall experience of t	he internship:		
Suggestions for future	internships at this sit	e (if anv):	

Send via email to: Dr. Ana Clevland Ana.Cleveland@unt.edu