

UNIVERSITY OF MISSOURI-COLUMBIA
Department of Nutritional Sciences

NS 4940 Internship in Nutrition and Fitness

SUPERVISOR REPORT

Supervisor _____ Student _____

Clinic, Business or Agency _____

Student Number _____ Actual Hours Spent _____/week Credit Hours _____

Supervisor's Comments: (Please describe the duties and responsibilities performed by the student and provide some evaluation of the performance.)

Grade: Please provide a suggested grade based on your evaluation above.

A____ B____ C____ D____ F____

Supervisor Signature _____

Date _____ Position _____

*Please return this form via fax to Dr. Thomas by end of classes
573-884-6992