# HRM Research Internship: Final Report

Please indicate which of the following five skills you developed during the research internship experience. Experience in at least three of the following skill areas is required. In addition to this, students are expected to develop skills in project management as part of the internship. Indicate the activities you undertook and the time spent in each activity. Append supporting documentation (*e.g.* literature review, data analysis report, report on which instrument would be most appropriate, copy of presentation slides) that illustrate your activities, if appropriate for the activity.

|  |  |  |
| --- | --- | --- |
| **SKILL** | **DESCRIPTION OF ACTIVITIES** | **TIME SPENT** |
| **Proposal or Project Development** |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **Appropriate Selection or Development of Measurement Tools** |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **Data Gathering** |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **Data Analysis (and computing) Skills** |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **Communication on Research Findings** |  Click or tap here to enter text. | Click or tap here to enter text. |
| **Project Management** |  Click or tap here to enter text. |  Click or tap here to enter text. |

Both student and supervisor must write a brief evaluative statement about how well the learning objectives were met.

# PLEASE APPEND ANY SUPPORTING MATERIALS

**HRM Research Internship: Final Report**

|  |  |
| --- | --- |
| **Start Date of Research Internship:** |  Click or tap to enter a date. |
| **End Date of Research Internship:** |  Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Student’s Signature** |   |
| Student’s Printed Name: |  Click or tap here to enter text. |
| Student ID # |  Click or tap here to enter text. |
| Date Signed |  Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Research Internship Supervisor’s Signature:** |   |
| Research Internship Supervisor’s Printed Name: |  Click or tap here to enter text. |
| Date Signed: |  Click or tap to enter a date. |

[ ]  PASS [ ]  FAIL

# As soon as you have clarified your objectives for the research internship, please return this form to hrmasst@mcmaster.ca