

J-1 Student Intern Evaluation

Please note: This file is best completed in the Adobe Acrobat application versus in your internet browser.

J-1 Student Intern Name:

Faculty Sponsor/Mentor Name:

Host Department:

Period Covered by this Evaluation:

(see instructions below)

MM/DD/YYYY to MM/DD/YYYY

If the internship period is 6 months or less: the evaluation period starts on the appointment start date and ends on the appointment end date. If the internship is more than 6 months, two evaluations are required: the first evaluation period should be from the appointment start date to the mid-point date; the second evaluation period should be the mid-point to the appointment end date.

1. Face-to-Face Review (completed by Faculty Sponsor/Mentor)

a. Progress to date. Were expectations met?

b. What are the J-1 Student Intern's strengths?

c. In what areas does the J-1 Student Intern need to improve?

d. What is the J-1 Student Intern's potential for a research career in the discipline?

e. OVERALL RATING: ☐ Unsatisfactory ☐ Satisfactory ☐ Excellent

Comments:

2. J-1 Student Intern Response or Comments (completed by J-1 Student Intern)

3. J-1 Student Intern and Faculty Sponsor/Mentor Signatures

J-1 Student Intern: _____ Date:

Faculty Sponsor/Mentor Signature: _____ Date: