



J-1 STUDENT INTERN APPLICATION EVALUATION FORM

To be completed by Faculty Supervisor: Pursuant to Federal Regulation [22 CFR 62.23\(i\)\(5\)](#), Midpoint (if applicable) and Final Evaluations of the internship are required.

We recommend that you refer to a copy of the completed or revised DS-7002 while completing this form. Review it with the student-intern and assure that each of you signs it. This form must be received by the end date of the Student-Intern program (or by mid-point date).

A. Student Intern and Sponsoring Department Information		
Last Name/ Family Name:	First/Given Name:	Middle Name(s), if applicable:
Supervisor Name:	Hosting Department:	

B. Evaluation Type:
Check One: ___ Midpoint evaluation (only required if internship is 6 months or longer) ___ Final Evaluation

C. Evaluations
PERFORMANCE
Evaluate the J-1 Student Intern's performance on the task outline in the original DS-7002 Training Plan: ___ Excellent ___ Above Average ___ Average ___ Below Average
Comments:



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CONTRIBUTIONS TO CWRU	
How would you rate the overall student internship program and its benefits to your department and CWRU? ___ Excellent ___ Above Average ___ Average ___ Below Average	
Comments:	

D. SIGNATURES	
Supervisor Signature:	Date:
Student Intern Signature:	Date: