

## J-1 STUDENT INTERN APPLICATION EVALUATION FORM

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

We recommend that you refer to the completed or revised DS-7002 while completing this form.

Review it with the student intern and assure that you both sign it. This form must be received by the end (or midpoint, if applicable) date of the Student Intern program.

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 outlined in the original DS-7002 Training Plan:  ___ Excellent ___ Above Average ___ Average ___ Below Average
Comments:

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

D. SIGNATURES	
<p>Supervisor Signature:</p>	<p>Date:</p>
<p>Student Intern Signature:</p>	<p>Date:</p>