Northeastern University
Office of Global Services

J-1 Student Intern Evaluation Form

While completing this evaluation, please refer back to the DS-7002 as a record of the initial goals and objectives of this internship. The evaluation must be signed by both the supervisor and the student. When completed, please return to the ISSI front desk.

Part I: To be completed by site supervisor

Student Name: _____
Last/Family Name *First/Given Name* *Middle Name*

Department of Internship: _____ Hours per week: _____

Supervisor Name: _____ Supervisor Email: _____

Dates of Internship: _____ _____
Start Date (mm/dd/yyyy) *End Date (mm/dd/yyyy)*

Internship Objectives:

Skills gained:

Please explain how the student intern was able to achieve the objectives and skills mentioned above:

Part II: To be completed by site student intern

How would you rate the overall training program and its benefits to you?

In what ways could your experience be improved?

Part III: Signatures

Site Supervisor Signature: _____ **Date**: _____

J-1 Student Intern Signature: _____ **Date**: _____