

FLORIDA ATLANTIC UNIVERSITY

J-1 STUDENT INTERN EVALUATION FORM

Purpose: The Department of State requires that the hosting FAU Faculty/Supervisor evaluate the progress and performance of the J-1 Student Intern prior to the completion of the internship (22 CFR 62.22(f)(2)(iv))

Instructions: Hosting FAU Faculty/Supervisor must complete an evaluation at the (a) mid-point and at the (b) end point of a student intern's program. For internships less than 6 months, only one (1) final evaluation is required. For internships 6 months and longer, a mid-point evaluation and a final evaluation is required. A copy of the evaluation(s) must be submitted to the Office of Immigration Services & Compliance and kept in the student intern's file for at least 3 years following the completion of each intern's program. Please submit the completed and signed Student Intern Evaluation Form to achowel1@fau.edu.

EVALUATION TYPE: _____ Mid-Point Evaluation _____ Final Evaluation

STUDENT INTERN INFORMATION:

Last Name: _____

First Name: _____

SEVIS #: N _____ Email: _____

INTERNSHIP INFORMATION:

Host Department/College Name: _____

Internship Start Date: ____/____/____ Internship End Date: ____/____/____

HOST FACULTY/SUPERVISOR CERTIFICATION:

Host Faculty/Supervisor Last Name: _____

Host Faculty/Supervisor First Name: _____

Position Job Title: _____

FAU Email Address: _____

Evaluate the J-1 student intern's performance based on the goals and objectives outlined on the DS-7002 Training and Internship plan. Please review the DS 7002 before answering this question.

_____ Excellent _____ Above Average _____ Average _____ Below Average

Rate the overall student intern and training experience:

_____ Excellent _____ Above Average _____ Average _____ Below Average

Host Faculty/Supervisor Feedback:

Supervisor's Print Name:

Supervisor's Signature:

Date:

STUDENT INTERN CERTIFICATION:

How would you rate the overall training program at Florida Atlantic University, and its educational benefits to you?

_____ Excellent _____ Above Average _____ Average _____ Below Average

Please rate the overall training program and its benefits:

_____ Excellent _____ Above Average _____ Average _____ Below Average

Please provide feedback on your internship experience:

Student Intern's Name

Student Intern's Signature

Date