## **INTERNATIONAL STUDENT & SCHOLAR SERVICES**

University of Connecticut () 2019 Hillside Road, Unit 1083; Storrs, CT 06269 () Phone: 860-486-3855 () Fax: 860-486-5800 () Web: <u>https://international.global.uconn.edu</u> () Email: <u>international@uconn.edu</u>

## **J-1 STUDENT INTERN EVALUATION FORM**

Departments are required to provide International Student and Scholar Services (ISSS) with a written evaluation of the intern's performance in the 7 day period before the conclusion of the internship. For programs lasting more than 6 months a midpoint evaluation is also required within 7 days of the midpoint mark. This evaluation is due before the intern leaves the U.S.

Intern Name:		
Field of Internship:		
UConn Supervisor Name: (as listed on Form DS-7002 in the original application)		
Supervisor E-mail:		
Dates of Internship:	to	
Internship Hours/Week: Internship Objectives:		

Skills to be learned:

Please explain whether the intern was able to achieve the goals and skills listed above.

The statements listed above are true and complete.

Signatures:

Signature of Supervisor

Date

Signature of Intern

Date