

# 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 [globalservices@fau.edu](mailto:globalservices@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**