

# INTERNATIONAL STUDENT & SCHOLAR SERVICES

University of Connecticut 📍 2011 Hillside Road, Unit 1083; Storrs, CT 06269 📞 Phone: 860-486-3855 📠 Fax: 860-486-5800  
🌐 Web: <http://www.iss.uconn.edu>

## J-1 STUDENT INTERN EVALUATION FORM

Departments are required to provide to International Student and Scholar Services (ISSS) 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 or not 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