

HOFSTRA UNIVERSITY
FRANK G. ZARB SCHOOL OF BUSINESS
DEPARTMENT OF MARKETING AND INTERNATIONAL BUSINESS

INTERN EVALUATION FORM

NAME OF STUDENT: _____

DATE OF INTERNSHIP: FROM: _____ TO: _____

COMPANY NAME: _____

NAME OF EVALUATOR: _____

TITLE/POSITION: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

EVALUATION

PLEASE RATE THE INTERN ON THE CRITERIA LISTED BELOW

	EXCELLENT	GOOD	FAIR	POOR
Work habits	[]	[]	[]	[]
Understanding of his/her tasks	[]	[]	[]	[]
Interest in the area	[]	[]	[]	[]
Development of independent Thinking	[]	[]	[]	[]
Capacity to execute assigned Tasks	[]	[]	[]	[]
OVERALL EVALUATION	[]	[]	[]	[]

Total number of hours the intern worked during the semester: _____ hours

Would you be interested in having future interns from Hofstra University? [] Yes [] No

COMMENTS: _____

Signature
 (Supervisor of the Student/Intern)

Date

FORM TO BE FILLED OUT BY EMPLOYER AND RETURNED TO
DR. SONGPOL KULVIWAT (INTERNSHIP COORDINATOR)
 128 WELLER HALL, HOFSTRA UNIVERSITY, HEMPSTEAD NY 11549
 T. (516) 463-5519, FAX (516) 463-4834, E-MAIL: MKTSZK@HOFSTRA.EDU