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

<table>
<thead>
<tr>
<th>Work habits</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding of his/her tasks</td>
<td>[ ]</td>
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<td>Interest in the area</td>
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<td>Development of independent thinking</td>
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<tr>
<td>Capacity to execute assigned tasks</td>
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<tr>
<td>OVERALL EVALUATION</td>
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</table>

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: _____________________________________________________

__________________________________________  ________________
( 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