STUDENT/EMPLOYEE’S NAME: _____________________________
NAME OF ORGANIZATION/COMPANY: ________________________________
DATE OF INTERNSHIP: FROM: ___________ TO: ________________
NAME OF EVALUATOR: ________________________________
TITLE/POSITION: ______________________________________
PHONE NUMBER: ___________________ EMAIL: ___________________
WEBSITE ________________________________________________

EVALUATION

PLEASE RATE THE INTERN ON THE CRITERIA LISTED BELOW

EXCELLENT GOOD FAIR POOR

Work habits/Reliability [ ] [ ] [ ] [ ] [ ]
Understanding of his/her tasks [ ] [ ] [ ] [ ] [ ]
Interest in the area [ ] [ ] [ ] [ ] [ ]
Independent thinking [ ] [ ] [ ] [ ] [ ]
Execution of assigned tasks [ ] [ ] [ ] [ ] [ ]
OVERALL EVALUATION [ ] [ ] [ ] [ ] [ ]

Would you be interested in having future interns from Hofstra University? [ ] Yes [ ] No
ADDITIONAL COMMENTS/SUGGESTIONS:

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______________________________________________________________________________

Signature_________________________________________ Date__________________________

FORM TO BE FILLED OUR BY EMPLOYER AND RETURNED TO:

DR. GRANT SAFF (Chair, Department of Global Studies and Geography)

130 Hofstra University, Hempstead NY 11549

Phone (516) 463-5596, Fax (516) 463-6968

E-mail: Grant.Saff@hofstra.edu