

**HOFSTRA UNIVERSITY**  
**DEPARTMENT OF GLOBAL STUDIES AND GEOGRAPHY**  
**INTERN EVALUATION FORM**

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)

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